



Virginia Provider Enrollment (PE) Wizard User Guide

Medicaid Management Solutions

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Note: This user manual is a draft document and will continue to be updated to reflect new functionality and User Interface (UI) changes as a result of future releases.

Privacy and Security Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule¹ and the American Recovery and Reinvestment Act (ARRA) of 2009 requires that covered entities protect the privacy and security of individually identifiable health information.

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Revision History

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2.0	01/2022	M. Wanstall	Updates for PRSS End-User Training
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1. Introduction

The purpose of this guide is to support Providers enrolling or revalidating with the Virginia Medicaid program with instructions to use the Provider Enrollment (PE) system. The PE Wizard allows you to electronically submit key provider data, including attachments, for credentialing and enrollment.

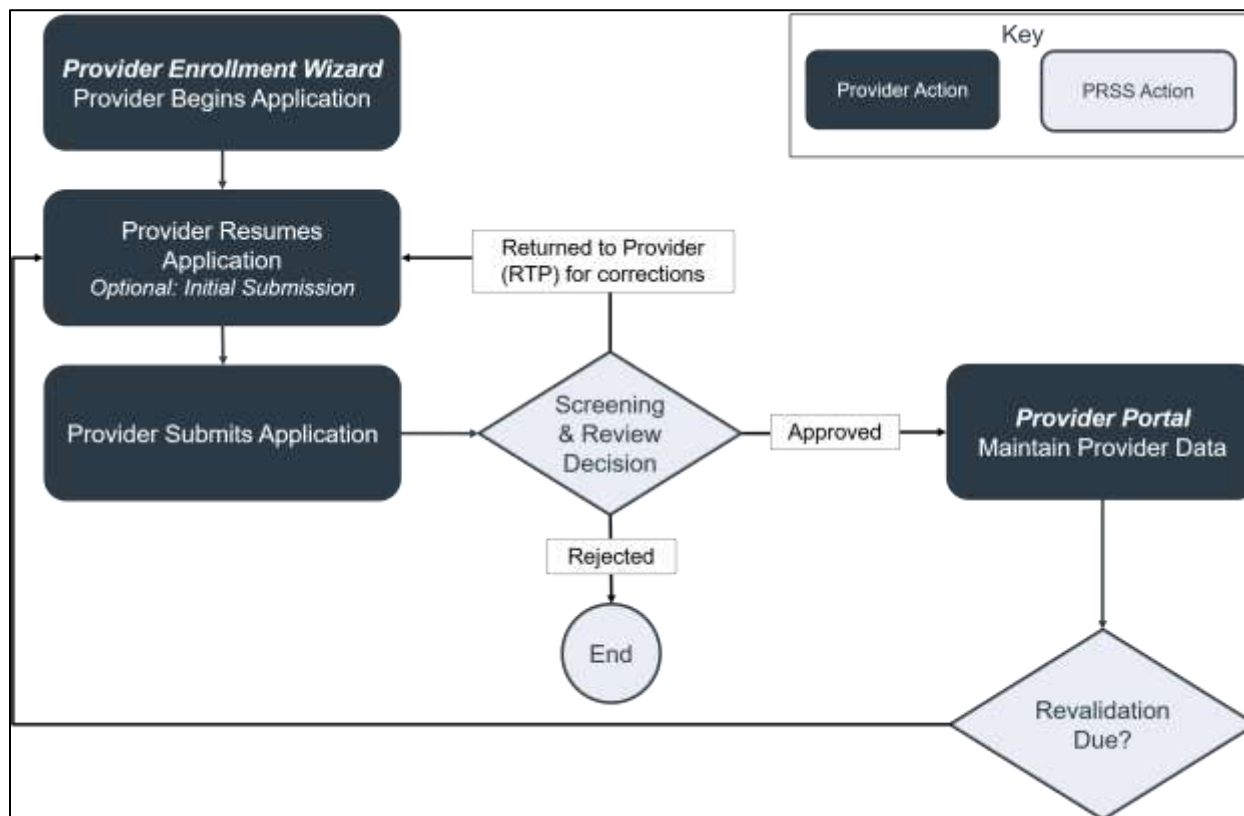
Throughout this guide, you will see various notes to enhance your use of the PE Wizard. Refer to Figure 1-1.

Figure 1-1: User Guide Icons

 <p>Indicates extra tips and useful explanations.</p>	 <p>Indicates more resources are in another location such as another document or a website.</p>	 <p>Indicates a critical step that must be made (or not taken) to avoid errors.</p>
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Refer to Figure 1-2 for an overview of how the PE system is used for new enrollment and revalidation.

Figure 1-2: Provider Enrollment Overview



2. Information You Will Need

You need to have basic knowledge of provider enrollment terminology such as National Provider Identifier (NPI), Taxonomy, Specialty, and Service Location.

To complete a new provider enrollment application for the Virginia Medicaid program, you will need to gather specific information and prepare certain documents to electronically attach. Refer to Section **4.1 - Start New Enrollment** to generate a pre-checklist of required materials.

To complete a revalidation application for the Virginia Medicaid program, you will need the notifications with your revalidation Application Tracking Number (ATN) and temporary password. Refer to Section **4.2 - Start Revalidation** for more details to begin your revalidation.

3. System Requirements

To successfully use all features of the PE system, ensure that your computer system meets the following minimum requirements:

- Reliable online connection
- Latest version of your web browser is recommended
- Accept pop-ups from the site to view detail and attachment windows
- Adobe® Acrobat Reader

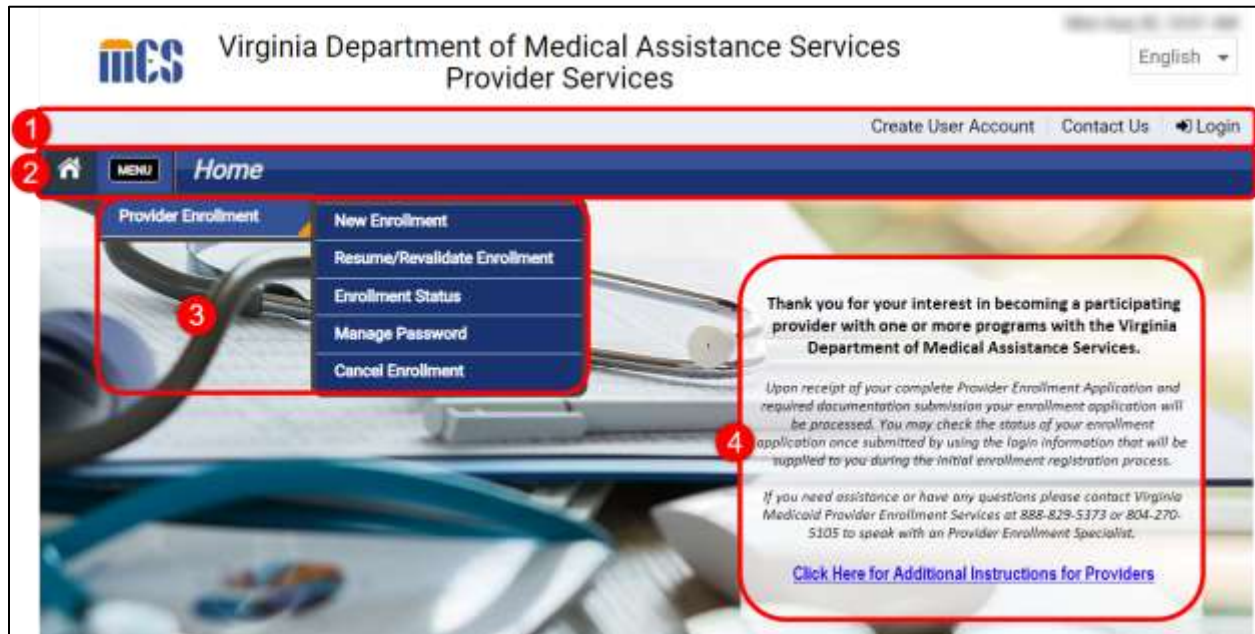
Provider Enrollment (PE) Overview

The PE system includes the PE Wizard and supporting enrollment functionality such as password management and enrollment status updates. The PE Wizard is used to enter new enrollment applications as well as complete revalidation.

3.1 Provider Enrollment (PE) Home Page

Navigate to the PE Home Page: <https://virginia.hppcloud.com/>. Refer to Figure 3-1.

Figure 3-1: Provider Enrollment Home Page

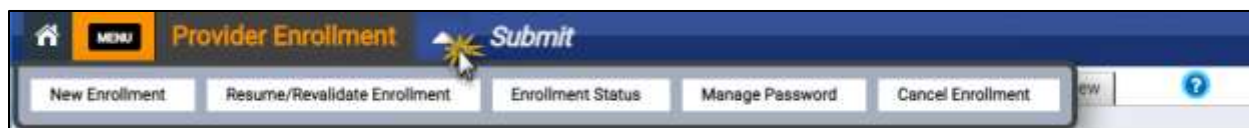


Description of each feature:

1. **At-a-Glance Bar:** Contact Us opens email, phone, and mailing information for PE and Provider Management (PM) questions. *The other options do not apply to Providers.*
2. **Navigation Bar:** Access PE menu and view label for current page.
3. **Navigation Menu:** Click the option to open the feature.
4. **Public Information:** Message about the Virginia Medicaid program.

Once you select an option from the Navigation Menu, the Navigation Bar adds a quick link to the submenu. You may access other features of PE either by continuing to use the Navigation Menu from Menu or by clicking the arrow on the quick link and then the submenu item. Refer to Figure 3-2.

Figure 3-2: Quick Link Menu








3.2 Interactive Features

Throughout the PE system, interactive features enable you to perform certain actions. The available interactive features depend on the functionality in the window. Refer to Table 3-1 for a listing and description of the interactive features.

Table 3-1: Interactive Features

Name	Icon(s)	Description
Action Button		Action buttons are labeled Save and Continue, Clear, Create New or perform a more specialized action such as Select File. Cancel buttons revert entered information to the most recent saved values. Previous buttons navigate to the prior module listed in the navigation bar of the PE Wizard.
Calendar		Opens a calendar allowing operator to select a date.
Drop-down Field		Allows operator to view and select an option.
Edit		Allows operator to edit records within a table.
Expand & Collapse		Allows operator to expand or collapse details in a section.
Export		Downloads the table results in the format indicated on the button. Verify that pop-up blockers allow downloads and follow instructions to save or open the file.
Filter		Opens filter options for search results. Filters do not apply to all columns.
Paging		Navigate through search results using arrows or page numbers.
Page Help		Move over the icon to display help text for the page. This is in the upper right-corner of pages.

Name	Icon(s)	Description
Print Preview		Opens a PDF copy of the currently saved enrollment application information. The PDF may be downloaded or printed.
Required		Indicates information must be entered in the field to save or continue.
Sort		Sorts search results column in ascending or descending order. Sorting does not apply to all columns.
Text Field		Enter text to complete the field. <i>Note: If typing a numeric value such as a date or phone number, move your cursor to the start of the field.</i>
Field Help		Move over the icon to display help text for the field.



Note: The PE Wizard adjusts based on your screen size and computer settings. If you are unable to read the full text above a field, use the field help to quickly see the full description.

3.3 Error and Warning Messages

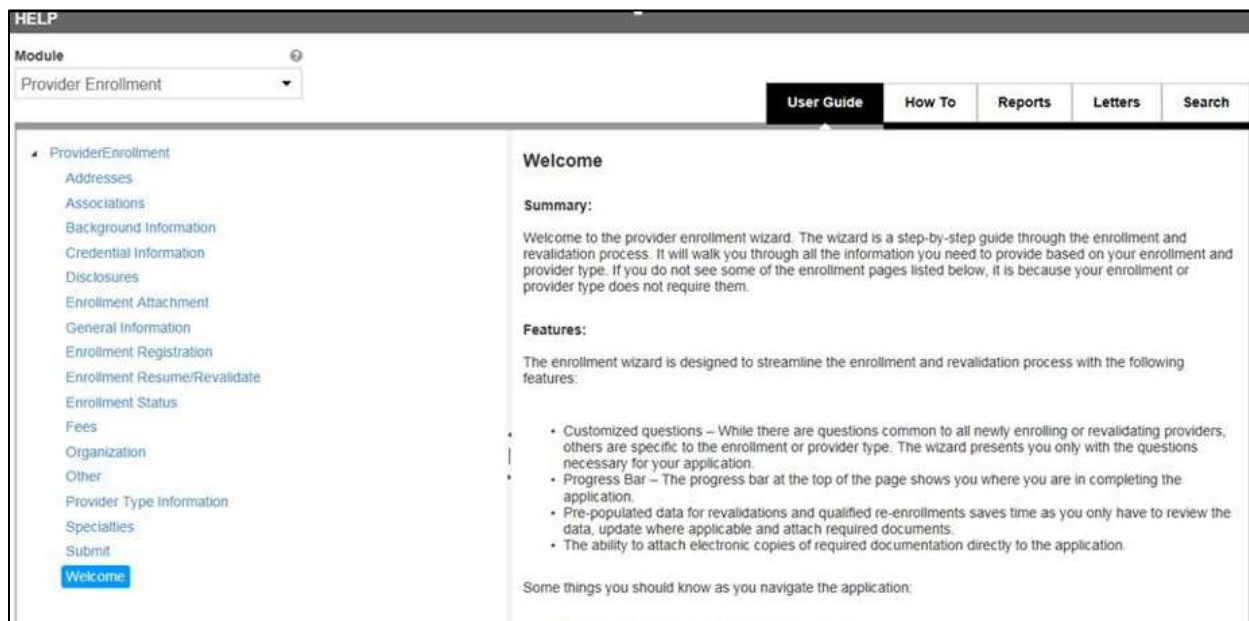
If you try to save and continue while required information is missing or if a response is not allowed based on other entered information, an error message appears. The error message may be at the field level or at the window level, so be sure to scroll through the entire window to verify if an error message appeared.

Warning messages require further validation before continuing and will display on top of your enrollment application, displaying a red outline, in a new window. They may require confirmation that you want to continue such as confirming an address not found in the United States Postal Service (USPS) records. Alternately, they may require a follow-up response such as a yes/no confirmation to continue to revalidation.

3.4 Accessing Help

Throughout the module, help is available by clicking the Question Mark icon in the top right corner of the module content bar. The Help module displays information about the current page. For example, if you're on the General page and click the Help icon, the summary for that page opens in the Help module. Refer to Figure 3-3.

Figure 3-3: Help



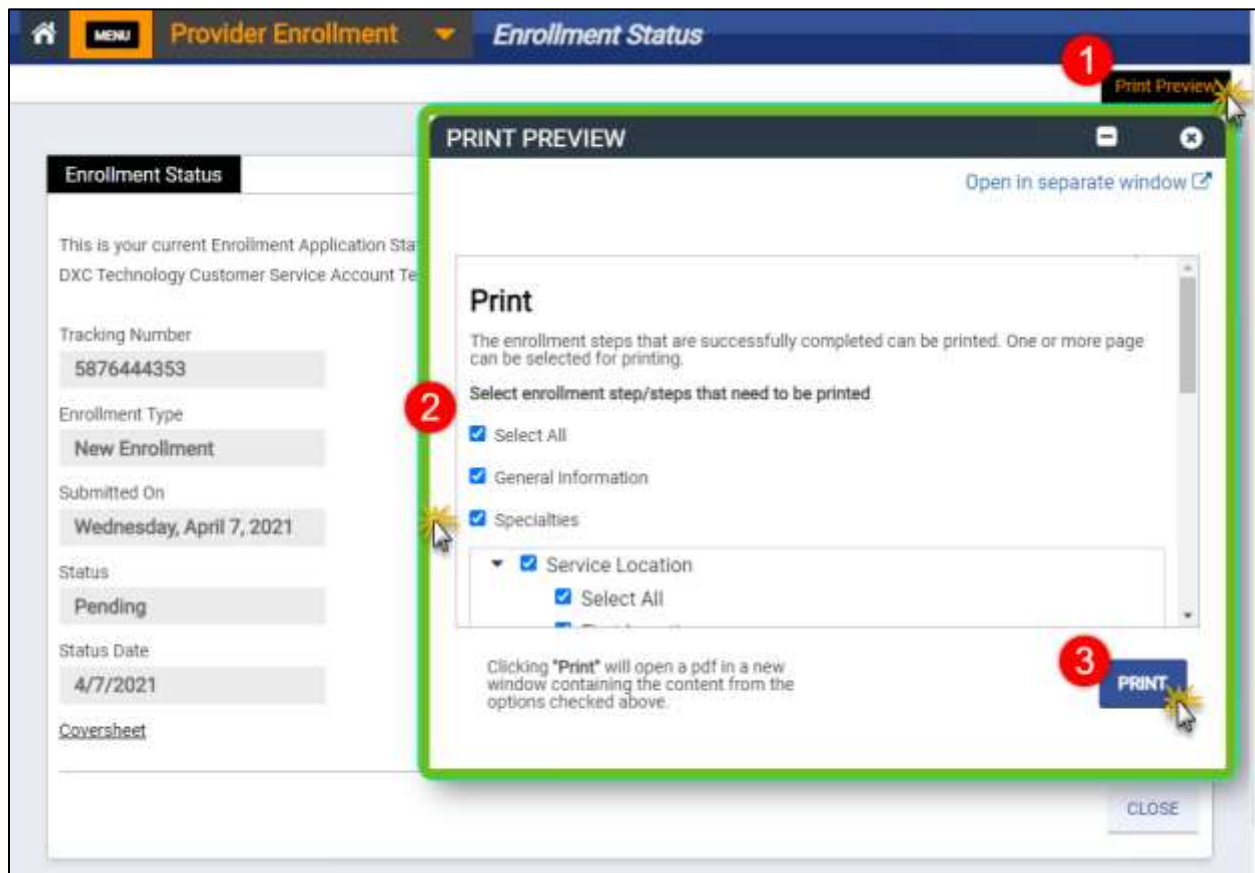
3.5 Printing the Application

Once you have saved the first module of the application, you can view a copy of any saved information from your application by clicking Print Preview from the application window. Additionally, you can access your application post-submission from the Enrollment Status page. Refer to Section 4.5 - **Check Enrollment Status**.

1. Click **Print Preview** from any module in your enrollment application or from the **Enrollment Status** page.
2. All sections are automatically selected. You may deselect sections if you do not want to generate them as a PDF.

3. Click **Print**. Refer to Figure 3-4.

Figure 3-4: Print Preview



- A PDF generates and opens in a new window. View the document or use the download or print icons to save the file. Refer to Figure 3-5.

Figure 3-5: Print Preview Application

The screenshot displays the 'ProviderEnrollment-en-US' application. The top navigation bar shows '1 / 31' and '87%' zoom. A red box highlights the print and download icons in the top right corner. The main content area is titled 'Medicaid Management Solutions' and shows 'Step 1: General Information' with a tracking number of '5876444353'. The form includes sections for 'Initial Enrollment Information' and 'Provider Information'. The 'Initial Enrollment Information' section contains a table with the following data:

Enrollment Type	Provider Type	Effective Date
Group	Chiropractor	04/07/2021

The 'Provider Information' section includes a note: 'The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for business and Internal Revenue Service records for individuals.' Below this, there are fields for 'Legal Name', 'Tax Name', 'Doing Business As Name', and 'NPI'. The 'Legal Name' field contains 'Training Group Chiropractor'. The 'EIN' field contains '00-0007317' and the 'IRS Effective Date' field contains '01/01/2012'. There are also checkboxes for 'Are you currently enrolled as a Provider?' (No), 'Were you previously enrolled as a Provider?' (No), and 'Are you Medicare enrolled?' (Yes). The 'I will accept patients in the following programs:' section lists 'FPS and MCO'. The 'The following programs were selected:' section lists 'CCC Plus - Virginia Premier Health Plan Inc, Med 4 - Virginia Premier Health Plan, Inc.'

4. Provider Enrollment (PE) Access

To apply for the Virginia Medicaid program, access the PE Wizard to start a new enrollment application. During your application process, you will create PE Wizard registration credentials. Additionally, an ATN is generated that you can use to resume your enrollment application, should you need to pause it, and verify your enrollment application status. These steps are for new enrollment applications as well as terminated providers applying for re-enrollment.

To revalidate your enrollment in the Virginia Medicaid program, access the PE Wizard to verify and update your information. Revalidation is required every five (5) years: you will receive notification to complete the revalidation 90 days prior to your enrollment's expiration date. The notification will be sent per the communication preference selected by you during enrollment and may be accessed from file downloads in Provider Portal.

This guide is only for providers new to or revalidating for the Virginia Medicaid program. If you are revalidating and need to request a new Managed Care Organization (MCO) Network enrollment, you should complete your request as part of revalidation to ensure that any changes made during revalidation are also submitted to the MCO. If you are a current provider changing your MCO Network enrollments outside of your revalidation period, complete the steps in the Virginia Provider Portal User Guide.



*Note: Refer to the **Virginia Provider Portal User Guide** to manage your MCO Network contracts between your approval for the Virginia Medicaid program and the start of your revalidation period.*

4.1 Start New Enrollment

1. Navigate to the PE Home page: <https://virginia.hppcloud.com/>.
2. Click **Menu** then **Provider Enrollment** then **New Enrollment**. Refer to Figure 4-1.

Figure 4-1: New Enrollment Menu Option



3. The **New Enrollment Welcome** page appears. Refer to Figure 4-2.

Figure 4-2: New Enrollment Welcome Page

Virginia Department of Medical Assistance Services
Provider Services

Wed Apr 7, 9:51 AM

Create User Account Contact Us

Provider Enrollment New Enrollment

Welcome

Welcome to the Online Provider Enrollment System

Please note that only one service location and one provider type can be enrolled per application. All attachments must be complete, legible and current. You will be notified if your application cannot be processed because it is incomplete or the information is incorrect.

All providers may need the following minimum information to complete your enrollment request:

- Address information
- Tax Identification Number/Social Security Number

Additional information may also be required depending on provider type such as:

- National Provider Identifier
- Taxonomy code(s)
- License Number(s) and Effective Dates
- CLIA Number and Effective Dates – if billing laboratory codes

Please click the **"Start"** button to begin the enrollment process. The application will automatically save each time you click "Continue".

START

Enrollment Pre-Checklist

Please select the below parameters to generate a checklist enlisting the credentials and documents required to complete an enrollment application. All the credentials that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

Enrollment Type <input type="text" value="select a value..."/>	Provider Type <input type="text" value="select a value..."/>
Specialty <input type="text" value="select a value..."/>	Tax ID Type <input type="radio"/> EIN <input type="radio"/> SSN
Are you Medicare enrolled? <input type="radio"/> Yes <input type="radio"/> No	I will accept patients in the following pro... <input type="text" value="select a value..."/>

CLEAR GENERATE PRE-CHECKLIST

4. In the **Enrollment Pre-Checklist** section, complete the fields to customize the requirements for your application.



Note: Though generating a pre-checklist is optional, it is highly recommended to ensure that you have all documentation ready so that you are able to complete your application as easily and quickly as possible. This step is particularly helpful if a delegate will be managing your application.

- Click **GENERATE PRE-CHECKLIST** to identify the credentials and documents required to complete your enrollment application. Refer to Figure 4-3.

Figure 4-3: Enrollment Pre-Checklist Form

Enrollment Pre-Checklist

Please select the below parameters to generate a checklist enlisting the credentials and documents required to complete an enrollment application. All the credentials that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

Enrollment Type <input type="text" value="Individual"/>	Provider Type <input type="text" value="Chiropractor"/>
Specialty <input type="text" value="126-Chiropractor"/>	Tax ID Type <input checked="" type="radio"/> EIN <input type="radio"/> SSN
Are you Medicare enrolled? <input type="radio"/> Yes <input checked="" type="radio"/> No	I will accept patients in the following p... <input type="text" value="FFS and MCO"/>

CLEAR

GENERATE PRE-CHECKLIST



Note: Required credentials and attachments for specific Enrollment Type, Provider Type and Specialty combinations will be listed.

6. Your Pre-Enrollment Checklist appears in a new window to be viewed, downloaded, or printed. Refer to Figure 4-4.

Figure 4-4: Pre-Enrollment Checklist Example

The screenshot shows a web application window titled "GeneratePrechecklistRule...". The window has a toolbar with a download icon and a print icon, both highlighted with a red rectangle. The main content area is titled "Medicaid Management Solutions" and contains a "Pre-Enrollment Checklist" form. The form is divided into two sections: "Criteria" and "Results".

Criteria Section:

- Enrollment Type:** Individual
- Specialty Type:** 126-Chiropractor
- Provider Type:** Chiropractor
- Tax ID Type:** EIN (selected), SSN
- Are you Medicare enrolled?:** Yes, No (selected)
- I will accept patients in the following programs:** FFS and MCO

Results Section:

Please find below the credentials and documents required to complete the enrollment application. The requirements may still vary based on any other criteria that you may enter during the enrollment application. All the credentials mentioned here that are furnished in the application must be current. Future dated or expired credentials will cause your application to be returned.

- License details are required.

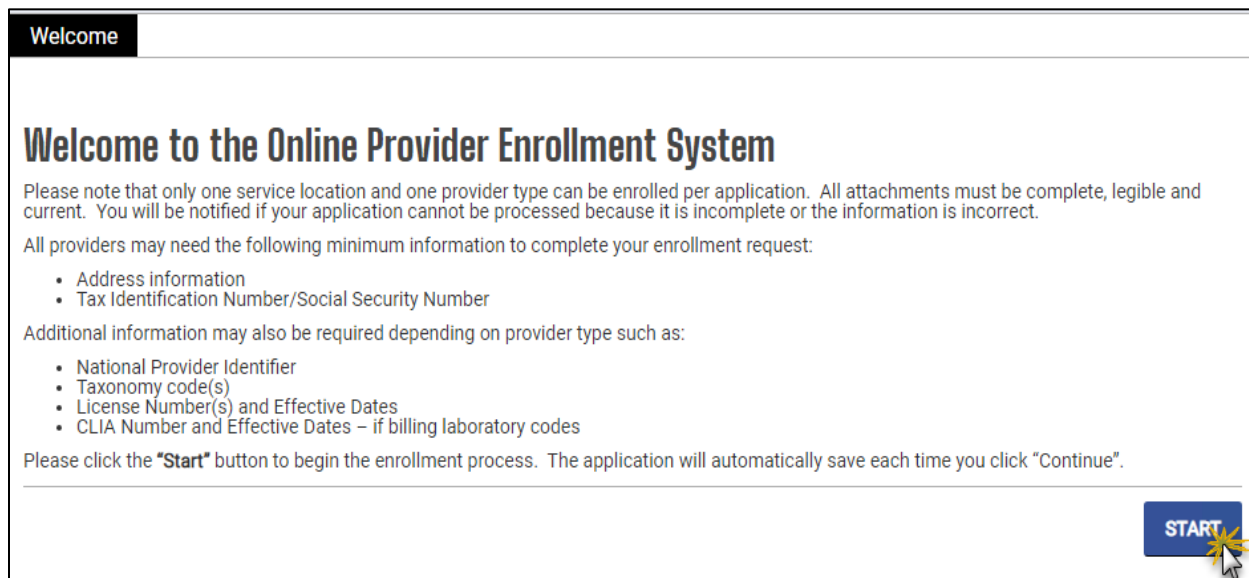
Required Attachments:

- Curriculum Vitae details are required.
- Federal W-9 Form details are required.
- Liability Insurance Declaration Page details are required.
- License and Certification details are required.

7. When you have gathered your documents and are ready to begin your enrollment application, return to the **New Enrollment Welcome** page.

8. Click **START**. Refer to Figure 4-5.

Figure 4-5: Start Enrollment Application



Welcome

Welcome to the Online Provider Enrollment System

Please note that only one service location and one provider type can be enrolled per application. All attachments must be complete, legible and current. You will be notified if your application cannot be processed because it is incomplete or the information is incorrect.

All providers may need the following minimum information to complete your enrollment request:

- Address information
- Tax Identification Number/Social Security Number

Additional information may also be required depending on provider type such as:

- National Provider Identifier
- Taxonomy code(s)
- License Number(s) and Effective Dates
- CLIA Number and Effective Dates – if billing laboratory codes

Please click the **"Start"** button to begin the enrollment process. The application will automatically save each time you click "Continue".

START

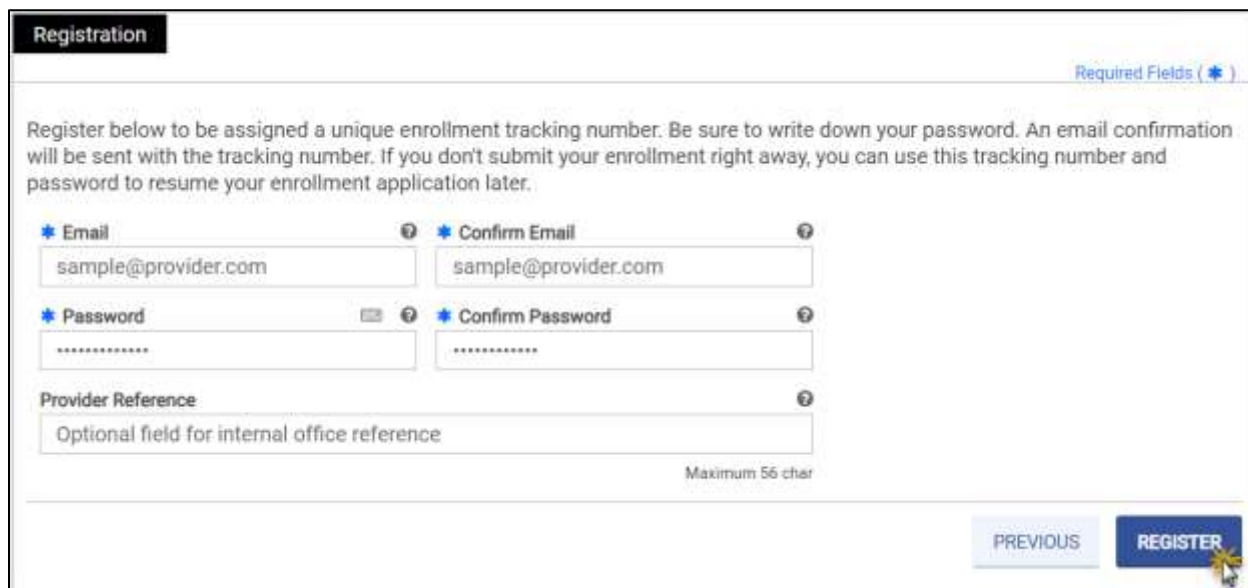
9. Complete the registration fields then click **REGISTER**. Refer to Figure 4-6.
 - a. **Email:** Communication related to accessing this application and notifications prior to submission (enrollment registration, application password management, and expiring application notices) will be sent to the email address entered in this field. This field is case sensitive.
 - i. Before submitting your application, you will have the opportunity to enter a different email for Provider Portal access that will be used to maintain your information after your application is approved.
 - ii. After submission, the email entered in the **Contact Information** section will be used to send notifications regarding your enrollment progress such as your enrollment submission confirmation and any returned application notifications.
 - iii. After approval with the Virginia Medicaid program, the preferred communication method and email or address information will be used to send notifications such as changes to provider information and revalidation notifications.



*Note: Refer to Section **A-1: What Enrollment Notifications Will I Receive?** for a list of notifications related to the provider enrollment process.*

- b. **Password:** Select a password between 8 and 20 characters, including at least one number, one upper-case letter, and one-lower case letter. The characters; * ^ : ~ < > % are not allowed. This will be used along with the tracking number to resume the application, if necessary, or to check the status after submission.
- c. **Provider Reference:** This is an optional field of up to 100 characters used for your internal reference information to help you identify the enrollment application. This is particularly helpful for delegates enrolling multiple providers.

Figure 4-6: Registration



The screenshot shows a 'Registration' form with a title bar and a 'Required Fields' indicator. The form contains the following fields:

- Email:** A text box containing 'sample@provider.com'.
- Confirm Email:** A text box containing 'sample@provider.com'.
- Password:** A text box with masked characters (dots).
- Confirm Password:** A text box with masked characters (dots).
- Provider Reference:** A text box with the placeholder text 'Optional field for internal office reference' and a note 'Maximum 56 char'.

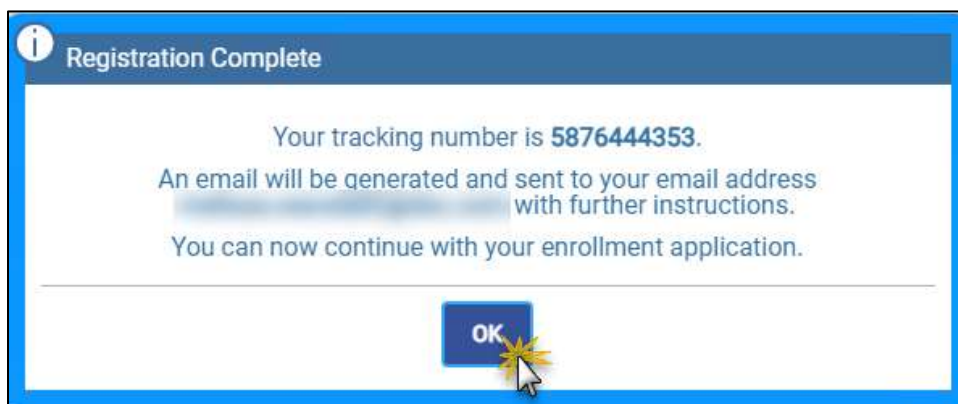
At the bottom right, there are two buttons: 'PREVIOUS' and 'REGISTER'.

10. The system generates an ATN and a message confirming the registration is completed. Click **OK** to begin your application. Refer to Figure 4-7.



Note: Reference the ATN on any documentation emailed, mailed, or faxed during your new enrollment or revalidation process. Also, for expedited assistance, have your ATN ready when calling Virginia Provider Services Solution (PRSS) Enrollment and Management Clerks.

Figure 4-7: Registration Complete Dialog



The screenshot shows a 'Registration Complete' dialog box with a blue header bar. The text inside the dialog reads:

Your tracking number is **5876444353**.

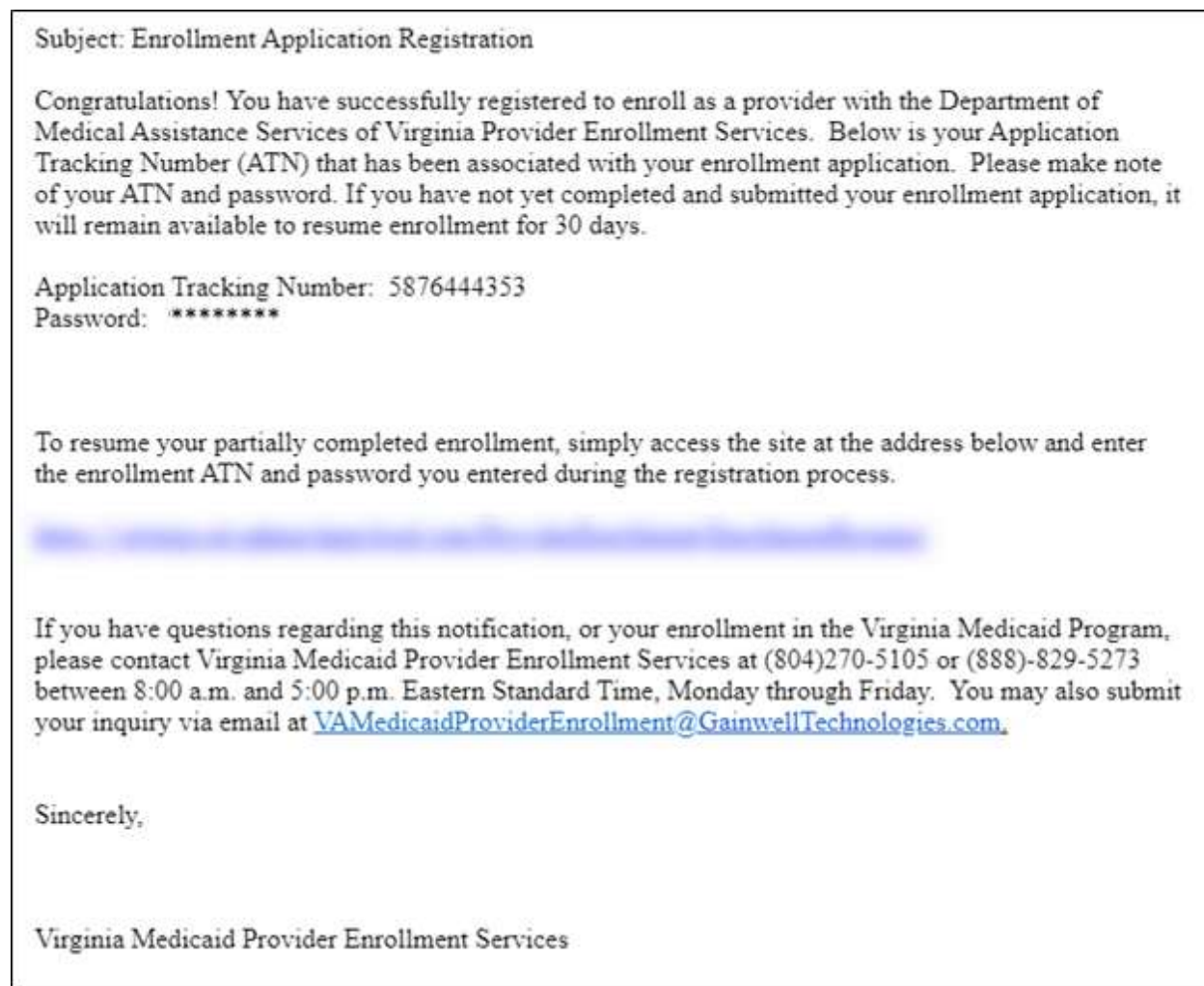
An email will be generated and sent to your email address with further instructions.

You can now continue with your enrollment application.

At the bottom center, there is a blue button labeled 'OK'.

11. Confirm that you received your registration email which contains your ATN. Check your junk mail folder if you do not receive it within a few minutes. Refer to Figure 4-8.

Figure 4-8: New Enrollment Registration Notification



Note: Keep your ATN stored safely where you will be able to find it. You will need this number to resume your enrollment or track your application status.



If your application is not submitted and is inactive for thirty (30) days, it will expire. A courtesy reminder to submit your application is sent fifteen (15) days prior to expiration.

If your application expires, an application expiration notice will be sent to the email address entered during registration for the application and you will be required to start a new application to apply to the Virginia Medicaid program.

4.2 Start Revalidation

Based on your communication preferences, you will receive two (2) emails or letters indicating that you may begin your revalidation. The notifications are sent ninety (90) days before your Virginia Medicaid program is set to expire. One will include your Tracking Number, see Figure 4-9, and one includes your password for revalidation, see Figure 4-10.

Figure 4-9: Revalidation Notification - ATN

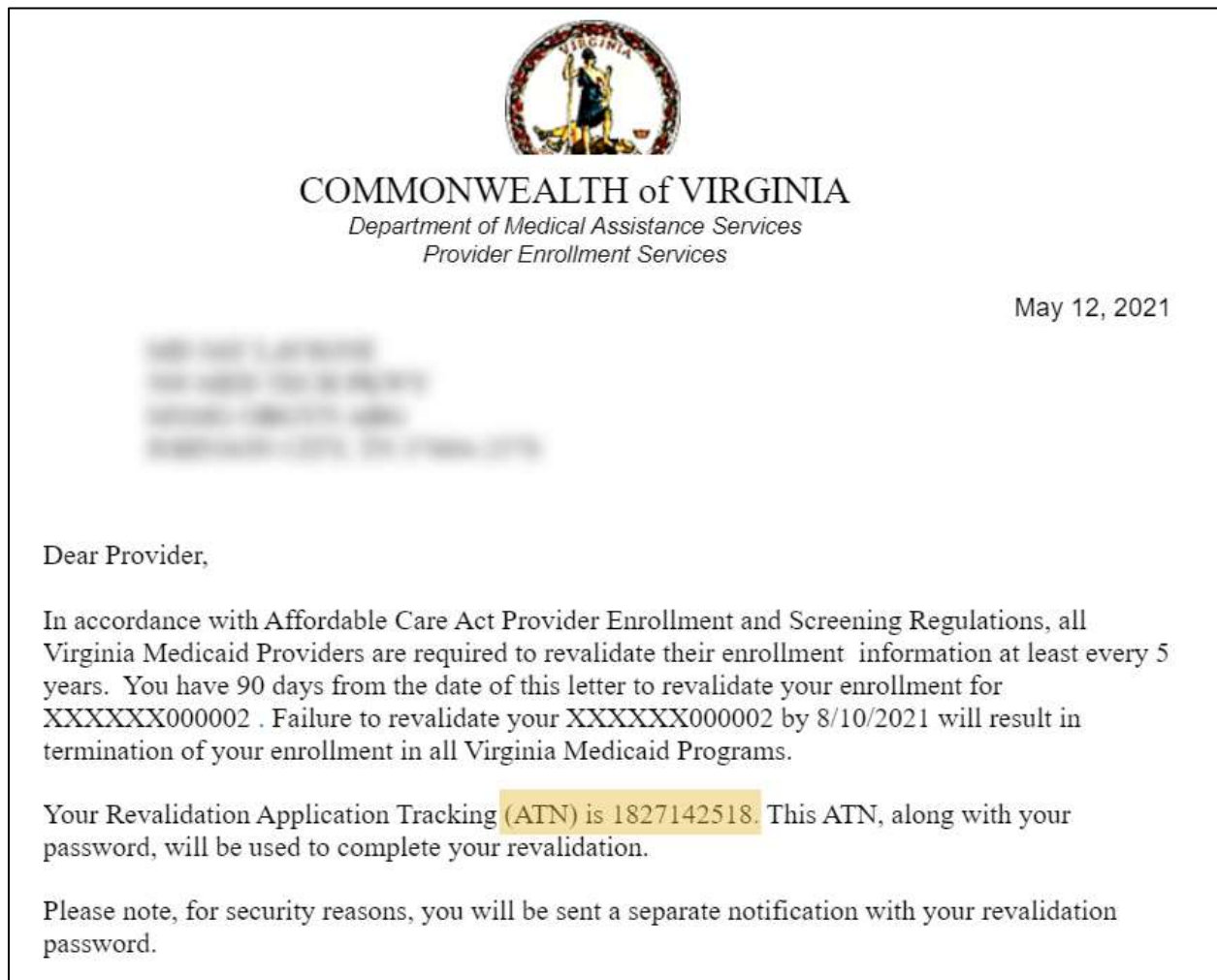
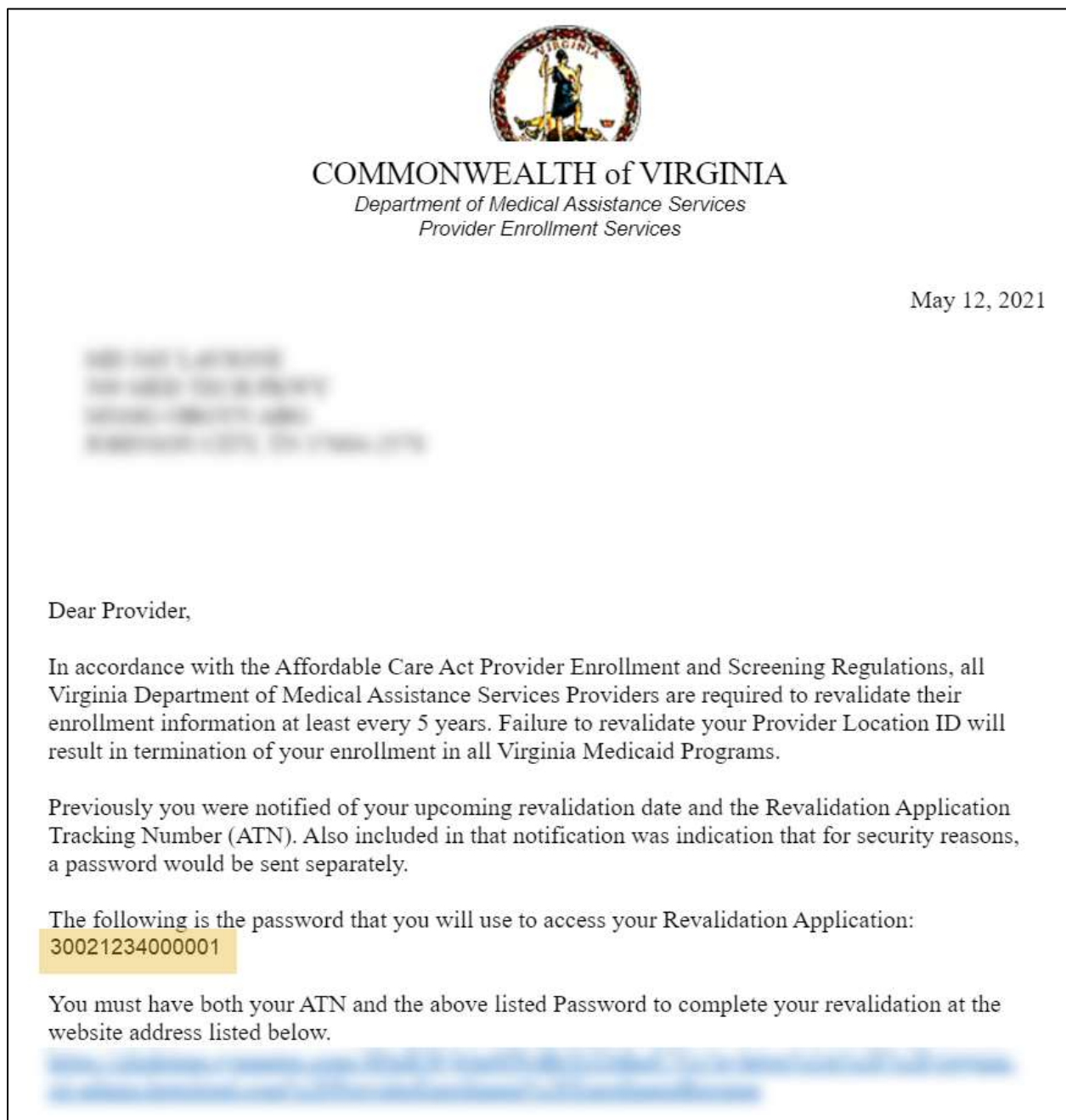


Figure 4-10: Revalidation Notification - Password



1. The notifications direct you to begin revalidation from the Provider Enrollment Resume/Revalidate Enrollment page:
<https://virginia.hppcloud.com/ProviderEnrollment/EnrollmentResume>.
2. Enter your **Tracking Number** and **Password** included in your revalidation notifications.

3. Click **RESUME**. Refer to Figure 4-11.

Figure 4-11: Start Revalidate Enrollment

4. If this is the first time accessing your revalidation application, you are prompted to change your password. Complete the steps in Section **4.4 - Manage Password**.
5. Your revalidation application opens the PE Wizard on Step 1: General Information.
 - a. Verify the information populated throughout the application based on your current enrollment. Refer to Section **22 - Revalidate Enrollment** for details of what is populated.
 - b. Update information, as needed, and complete revalidation requirements such as completing disclosures.
 - c. Refer to Sections **6 - General Information** to **20 - Agreement/Submit** for details on any module.

4.3 Resume Enrollment or Revalidation

If you need to return to a partially completed application or you received a notification to edit your application, resume your enrollment.

Notifications to finish your incomplete application are sent to the email entered in the Contact Information section of your new enrollment. Notifications for revalidation or to edit an already submitted application follow your preferred communication settings.

Applications may be returned to you based on screening results, review of attachments, or review of provided information.

1. Navigate to the Provider Enrollment Home page: <https://virginia.hppcloud.com/>.
2. Click Menu then **Provider Enrollment** then **Resume/Revalidate Enrollment**. Refer to Figure 4-12.

Figure 4-12: Resume Enrollment Menu Option



3. Enter the fields.
4. Click **RESUME**. Refer to Figure 4-13.
 - For new enrollment, your **Tracking Number** is the ATN emailed to you during enrollment registration.
 - For revalidation, your Tracking Number is in the revalidation notifications.

Figure 4-13: Start Resume Enrollment

A screenshot of the 'Resume/Revalidate Enrollment' form. The top navigation bar shows 'Home', 'MENU', 'Provider Enrollment', and 'Resume/Revalidate Enrollment'. The form title is 'Resume/Revalidate Enrollment'. Below the title, it says 'Enter your assigned Tracking Number and Password in order to resume/revalidate enrollment.' There are two required fields: 'Tracking Number' (containing '5876444353') and 'Password' (masked with asterisks). A 'Forgot Password?' link is below the password field. At the bottom, there are 'CANCEL' and 'RESUME' buttons. A yellow starburst and mouse cursor are pointing at the 'RESUME' button. A 'Required Fields (*)' link is in the top right corner of the form area.



*Note: If you forget your password, refer to Section **4.4.2 – Reset Forgotten Password**.*

5. The PE Wizard opens to the most recently saved module.



Note: If you are revalidating or re-enrolling, your application will include pre-populated information. Be sure to carefully review all information and make updates as needed.

4.4 Manage Password

If you need to change the password that you created when you started your new enrollment application or are starting your revalidation application, you can use the self-service feature to reset it.



Note: You must have your Tracking Number to manage your password. Your Tracking Number is included in application notifications. It is also included on downloaded or printed copies of your application.



Note: If you are currently enrolled with the Virginia Medicaid program, you also have access to the Provider Portal to manage your provider information. The password for enrollment is NOT the same as the password for Provider Portal.

4.4.1 Change Password

1. Click **Menu** then **Provider Enrollment** then **Manage Password**. Refer to Figure 4-14.

Figure 4-14: Manage Password Menu Option





*Note: Passwords must be between 8 and 20 characters and include at least one number, one upper letter, and lower case letter. The characters ; * ^ : ~ < > % are not allowed.*

2. The **Manage Password** page appears. Enter your **Tracking Number**, your existing password, and your new password.
3. Click **SUBMIT**. Refer to Figure 4-15.

Figure 4-15: Manage Password

Required Fields (*)

Please enter your Tracking Number and Password that was used on the Provider Enrollment application to verify the current status.

If you have questions or concerns, please reach out to the [redacted] Customer Service Account Team [redacted]

* Tracking Number ?
5876444353

* Enter your existing Password ?

* New Password ?

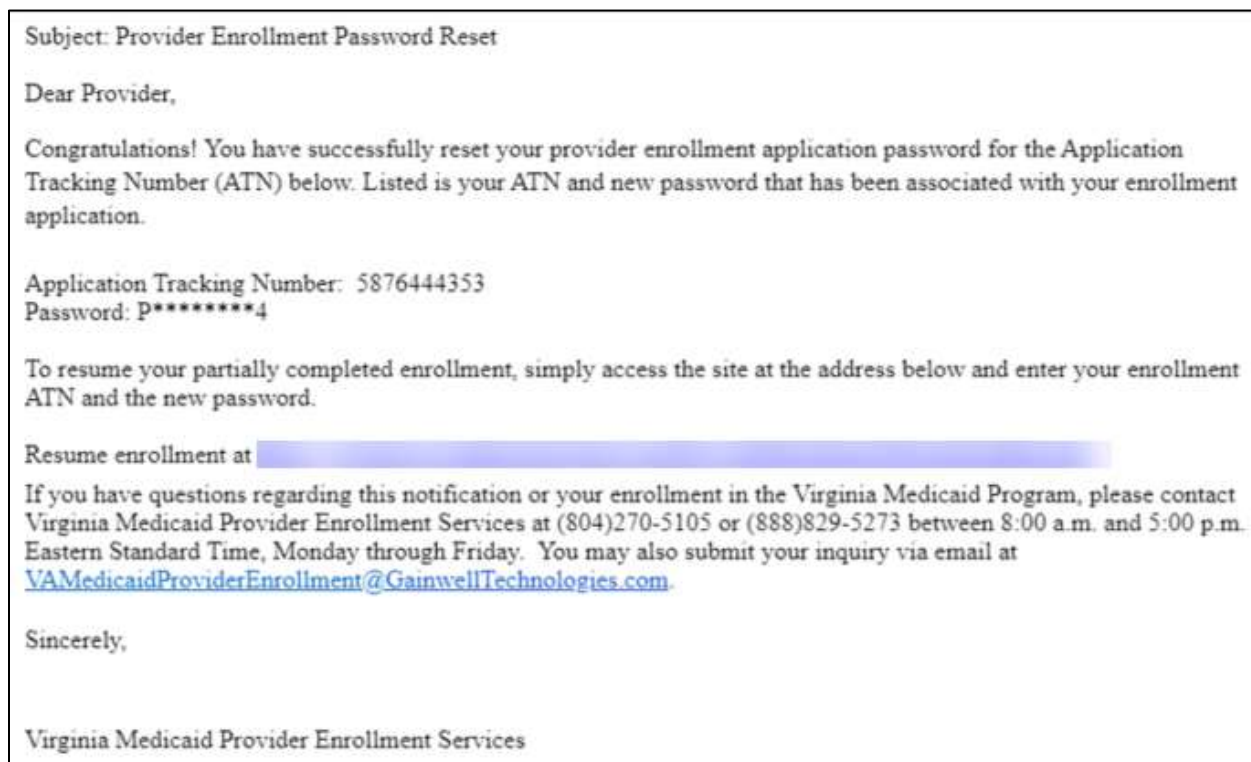
* Confirm New Password ?

[Forgot Password?](#)

[CLEAR](#) [SUBMIT](#)

4. A confirmation email is sent to the email account that was entered when the enrollment application was started. Refer to Figure 4-16.

Figure 4-16: Password Reset Confirmation Email



4.4.2 Reset Forgotten Password

1. Click **Menu** then **Provider Enrollment** then **Manage Password**. Refer to Figure 4-17.

Figure 4-17: Manage Password Menu Option



2. The **Manage Password** page appears. Click the **Forgot Password?** hyperlink. Refer to Figure 4-18.

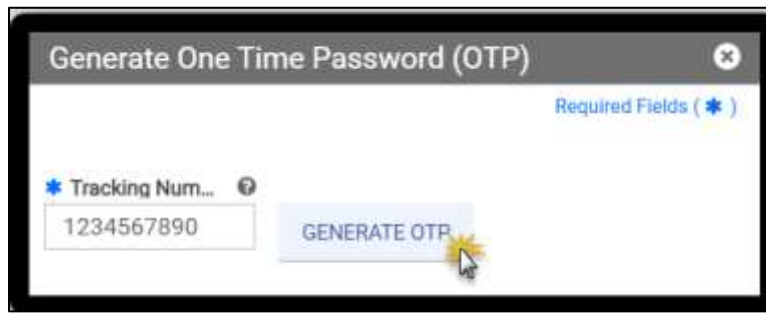
Figure 4-18: Forgot Password



A screenshot of a web form titled "Confirm New Password". It features a large text input field at the top. Below it, a "Forgot Password?" link is highlighted with a red oval. At the bottom left is a "CLEAR" button, and at the bottom right is a "SUBMIT" button. A mouse cursor is pointing at the "Forgot Password?" link.

3. The **Generate One Time Password (OTP)** window displays. Enter your ATN and click **GENERATE OTP**. Refer to Figure 4-19.

Figure 4-19: Generate One-Time Password



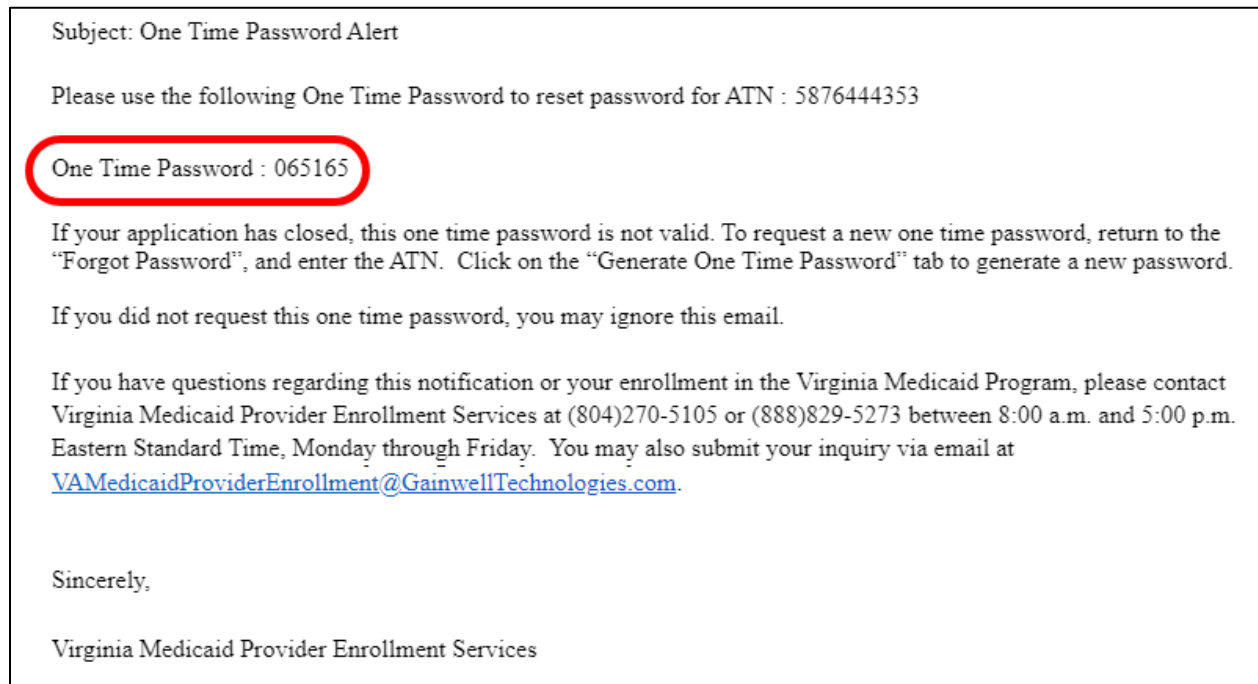
A screenshot of a window titled "Generate One Time Password (OTP)". It includes a "Required Fields" indicator with a blue asterisk. Below this is a "Tracking Num..." label with a question mark icon. A text input field contains the number "1234567890". To the right of the input field is a "GENERATE OTP" button. A mouse cursor is pointing at the "GENERATE OTP" button.



Note: If the Generate OTP button does not become enabled, try typing rather than copy-and-pasting the OTP.

4. Retrieve your OTP from the email account that was entered when the enrollment application was started. Check your junk mail folder if you do not receive it within a few minutes. Refer to Figure 4-20.

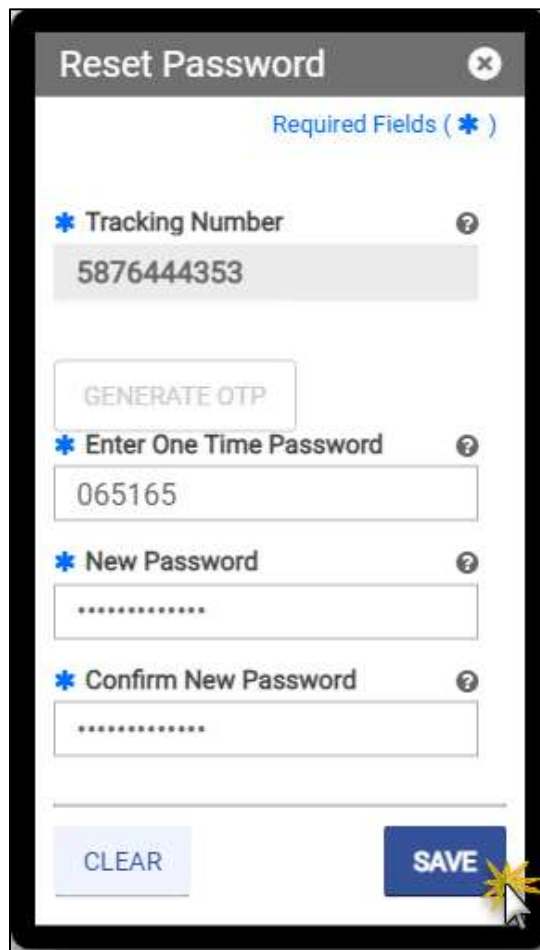
Figure 4-20: One-Time Password Email



5. Return to the window where you requested the OTP.
6. Enter your OTP and new password.

7. Click **SAVE**. Refer to Figure 4-21.

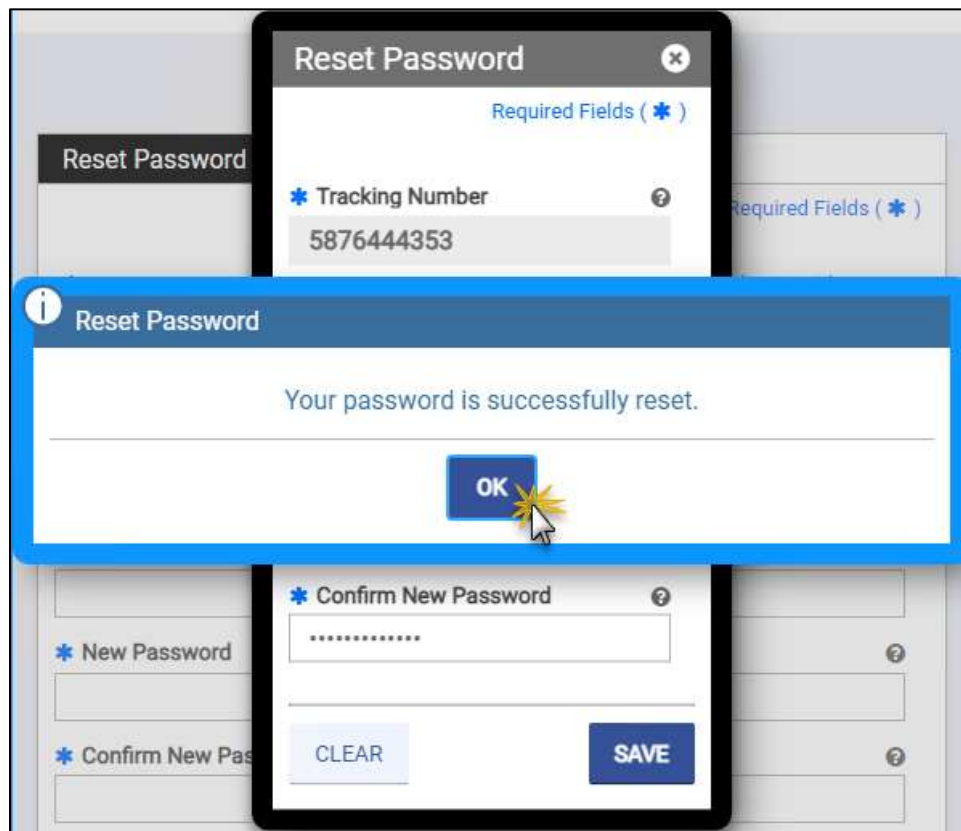
Figure 4-21: Reset Password with OTP



The screenshot shows a mobile application interface for resetting a password. The title bar at the top is grey with the text 'Reset Password' and a close button (X). Below the title bar, there is a blue link 'Required Fields (*)'. The form contains four required fields, each marked with a blue asterisk and a question mark icon: 'Tracking Number' (containing '5876444353'), 'Enter One Time Password' (containing '065165'), 'New Password' (masked with dots), and 'Confirm New Password' (masked with dots). A 'GENERATE OTP' button is located between the Tracking Number and Enter One Time Password fields. At the bottom of the form, there are two buttons: a light blue 'CLEAR' button and a dark blue 'SAVE' button. A yellow starburst graphic is positioned over the 'SAVE' button, indicating the final step in the process.

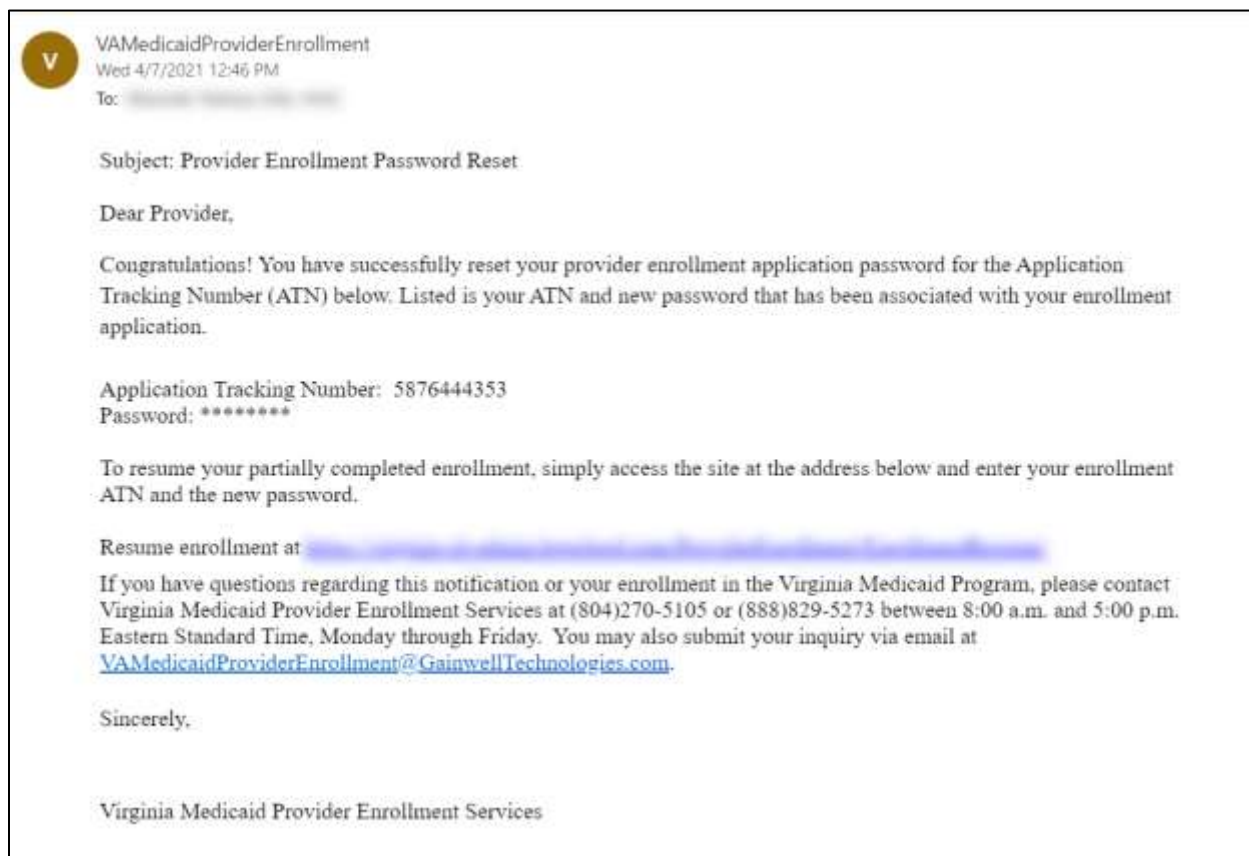
8. Your password is successfully saved. Click **OK**. Refer to Figure 4-22.

Figure 4-22: Successfully Reset Password



9. A confirmation email is sent to the email account that was entered when the enrollment application was started. Refer to Figure 4-23.

Figure 4-23: Password Reset Confirmation Email



4.5 Check Enrollment Status

1. Click **Menu** then **Provider Enrollment** then **Enrollment Status**. Refer to Figure 4-24.

Figure 4-24: Enrollment Status Menu Option



2. The **Enrollment Status** page appears. Enter your ATN and password that was entered when the enrollment application was started.

3. Click **SUBMIT**. Refer to Figure 4-25.

Figure 4-25: Enrollment Status Page



*Note: If you forget your password, refer to Section **4.4.2 - Reset Forgotten Password**.*



*Note: To review your submitted application, click Print Preview to open a copy of the application in a new window to view, download, or print. Refer to **Section 3.5 - Printing the Application**.*

4. The enrollment status details appear. Refer to Figure 4-26.

Figure 4-26: Enrollment Status Page Details

The screenshot shows the 'Enrollment Status' page. At the top, there is a navigation bar with a home icon, a 'MENU' button, and the text 'Provider Enrollment' with a dropdown arrow. To the right of this is 'Enrollment Status'. Below the navigation bar, on the right side, is a 'Print Preview' button circled in red with a yellow starburst and a mouse cursor pointing at it. The main content area has a title 'Enrollment Status' in a black box. Below this, it says: 'This is your current Enrollment Application Status. If you have any questions or concerns, please contact Customer Service.' followed by 'Customer Service Account Team'. The details are as follows:

Tracking Number	2739104231
Enrollment Type	New Enrollment
Status	Partial
Status Date	9/20/2021

Below the table is a link for 'Application Fee Form'. At the bottom right of the main content area is a 'CLOSE' button.

For a description of statuses, refer to Table 4-1.

Table 4-1: Enrollment Status

Status	Description
Partial	A new enrollment application has been started but not yet been submitted.
Expired	The application was not submitted within the allowed time.
Awaiting Attachments	The application was submitted but is now pending additional documentation from the Provider. A notification was sent indicating the timeframe to submit the attachment(s).
Submitted	The application has been submitted and sent for screening.
Pending	The application has been processed by the screening service and is pending review by a PRSS Enrollment and Management Clerk.
RTP (Returned to Provider)	The application was submitted but requires corrections. A notification was sent indicating the corrections needed and the timeframe remaining to submit them.
Approved	The application has been approved.
Rejected	The application has been denied. A notification was sent with denial reasons. An application is denied if additional documentation or corrections are not provided within appropriate timeframes.
Started	A provider has requested a re-enrollment application and the pre-populated application has been generated.

4.6 Cancel Enrollment

Submitted applications may not be cancelled, but you may need to cancel your partially completed application if it contains an error such as an incorrect Enrollment Type or Provider Type that cannot be modified. If you need to cancel a partially completed application, complete the following steps:

1. Click **Menu** then **Provider Enrollment** then **Cancel Enrollment**. Refer to Figure 4-27.

Figure 4-27: Cancel Enrollment Menu Option



2. The **Cancel Enrollment** page appears. Enter your ATN and password that was entered when the enrollment application was started.

3. Click **SUBMIT**. Refer to Figure 4-28.

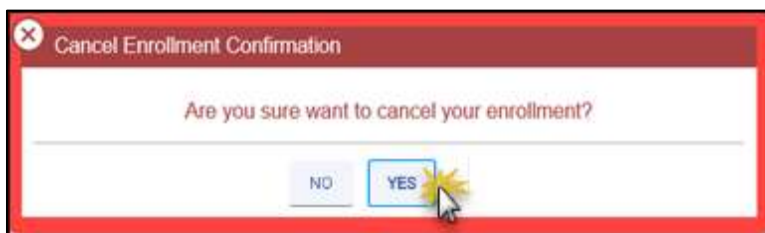
Figure 4-28: Cancel Enrollment Page



Note: If you forget your password, refer to Section 4.4.2 - Reset Forgotten Password.

4. A **Cancel Enrollment Confirmation** message window appears. Click **Yes**. Refer to Figure 4-29.

Figure 4-29: Cancel Enrollment Confirmation



5. The enrollment is canceled. The **Cancel Enrollment** message window appears. Click **OK**. Refer to Figure 4-30.

Figure 4-30: Cancel Enrollment



5. Provider Enrollment Wizard

5.1 Provider Enrollment Wizard Navigation

The PE Wizard is designed to streamline the enrollment and revalidation process with the following features:

Table 5-1: Module Features

Feature	Description
Registration	You will be assigned an ATN at the beginning of the enrollment process, allowing you to save the data you have entered and resume the process at a more convenient time. The registration number is sent to the email address entered by you during enrollment registration.
Address Verification	Verifies addresses entered throughout the application with the USPS to reduce the risk of submitting your application with an incorrect address.
Electronic Attachments	Prompts you to upload optional and required attachments relevant to the overall screening process as well as your specific provider type and specialty.
Customized Questions	While there are questions common to all providers, others are specific to the enrollment or provider type. The PE Wizard only presents you with the questions necessary for your application.
Pre-Populated data	Primarily used for the revalidation process, it minimizes the data you need to enter. During revalidation, you can review and update the existing data and attach any required documents. During the initial enrollment process, pre-populated data cannot be edited as it is generated based on other data already entered in the application.

Every window in the PE Wizard has a set of standard navigation features, Refer to Figure 5-1.

Figure 5-1: Application Banner

The screenshot displays the PE Wizard's Application Banner. It features a top navigation bar with links for 'Create User Account' and 'Contact Us'. Below this is a main navigation bar with 'Provider Enrollment' and 'Addresses' tabs. A 'Print Preview' button is located on the right. The main content area shows 'Step 4: Addresses - Tracking Number: 5876444353'. A progress bar indicates the current step. Below the progress bar is a list of steps: General Information, Specialties, Service Location, Addresses (current), Organization, Other, EFT, Disclosures, Attachments, and Agreement / Submit. At the bottom are 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE' buttons.

Description of each feature:

1. **Contact Us** opens email, phone, and mailing information for PE and Management questions.
2. **Navigation Bar** includes access to the PE Menu and a label for current step in the application process.
3. The **Print Preview** button and Help icon are available throughout the application process.
4. **Application Header** indicates your ATN and current enrollment step.
5. **Navigation Menu** allows you to track your application process and return to completed sections.
 - a. **Progress Bar** gives a visual of how many steps have been completed and how many are remaining.
 - b. **Module** tiles display all of the enrollment steps relevant to your application.
 - The step you are working in is highlighted with bold text so that you always know where you are in the process.
 - To navigate to a previous step, click the specific tile for a completed step. You must save all required details in a step before it is accessible from the Navigation Menu.



*Note: If you close your application before submitting all saved data will be retained. Refer to Section **4.3 - Resume Enrollment or Revalidation** to continue your application.*

6. Navigation buttons allow you to seamlessly move through the steps of your application.
 - a. **Cancel** clears all data entered since the last save. If you want to cancel your entire enrollment application, refer to Section **4.6 - Cancel Enrollment**.
 - b. **Previous** switches to the preceding step listed on the Navigation Menu.
 - c. **Save and Continue** continues to the next step listed on the Navigation Menu.



Note: Your enrollment application changes as you save sections so that only information relevant to you displays. Therefore, the number of steps may change as the system determines if more or less information is needed.

5.1.1 Add/Edit Field Information

Unless otherwise noted, the steps to edit information are the same for all PE Wizard windows.

1. From the desired window, select the field(s) to edit. Depending on the field type, enter text, use a drop-down list, or click the calendar icon.



Note: For descriptions of field types, refer to Section 3.2 - Interactive Features.

2. Complete ALL required fields for the step. If you try to save before completing all required fields for the step, you will receive an error message.
3. Click **SAVE AND CONTINUE** at the bottom of the section. Refer to Figure 5-2.

Figure 5-2: Field Update Example

The screenshot shows a 'Provider Information' form. At the top, there is a title bar and a close button. Below the title bar, a text box explains: 'The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.' Below this, there are three input fields: 'Legal Business Name' (with a red circle around it), 'Tax Name', and 'Doing Business As Name'. Each field has a blue asterisk icon and a help icon. Below these are 'NPI' and 'EIN' fields, also with blue asterisk and help icons. To the right of the EIN field is an 'IRS Effective D...' field with a date '01/01/2012' and a calendar icon. At the bottom of the form, there are two buttons: 'CANCEL' and 'SAVE AND CONTINUE' (with a mouse cursor clicking it).

5.1.2 Add Table Information

Unless otherwise noted, the steps to edit information are the same for all PE Wizard windows.

1. In the table header, click **CREATE NEW** to add, modify, or inactivate a record. Refer to Figure 5-3.

Figure 5-3: Create New Example



Note: Table view allows you to see all of the records at once. However, to maximize visibility, some fields may not display in this view. To view all fields for a record, continue to the next step in this section.

2. A window appears with the applicable fields. Complete the fields then click **SAVE**. Refer to Figure 5-4.

Figure 5-4: Create Record Example

3. The record appears in the table. Refer to Figure 5-5.

Figure 5-5: Saved Record Example



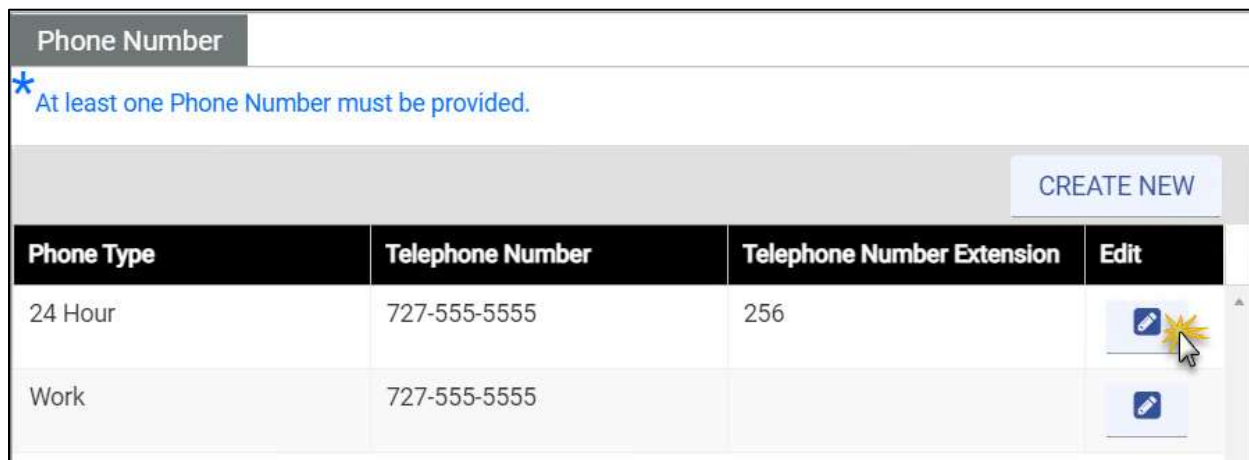
Languages	
English	
Spanish	



5.1.3 View/Edit/Delete Table Information

Unless otherwise noted, the steps to edit information are the same for all **PE Wizard** windows.

1. Click the Edit icon for the record in the table. Refer to Figure 5-6.

Figure 5-6: Open Table Record Example



Phone Number			
24 Hour	727-555-5555	256	
Work	727-555-5555		

2. The record detail window appears. Refer to Figure 5-7.
 - a. To remove the record, click **DELETE**.
 - b. To edit the record, update the fields then click **SAVE**.

Figure 5-7: Edit Table Record Example

- The record is either updated in or removed from the table records.

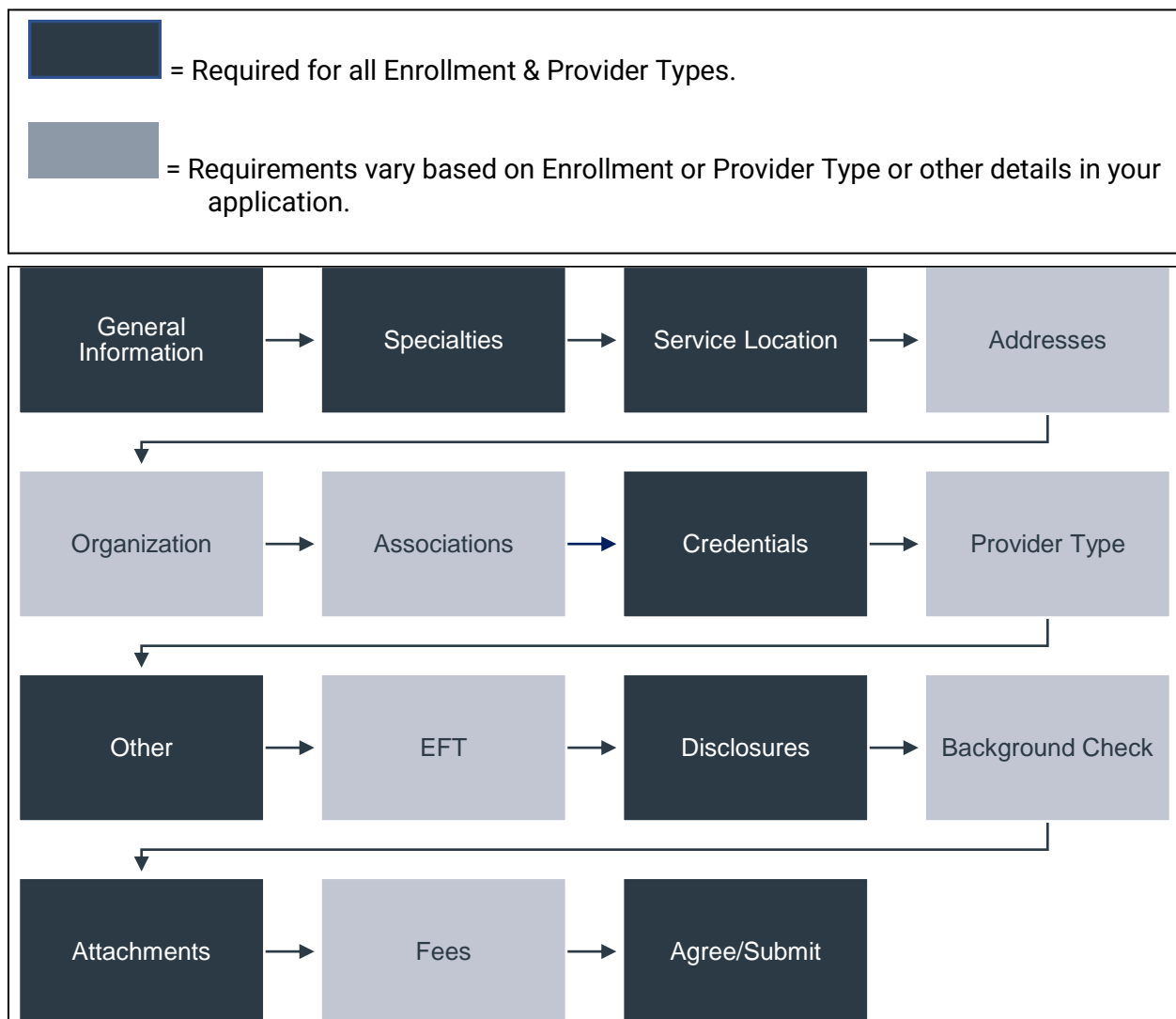
5.2 Enrollment Process Overview

The enrollment process in the PE Wizard has various modules that you must complete in order to submit your enrollment application. Refer to Figure 5-8 for the overall enrollment process modules in chronological order as they may appear in your enrollment.



Note: The PE Wizard dynamically adjusts based on your responses throughout the application such as Enrollment Type, Provider Type, and Specialty. This guide documents all possible enrollment and revalidation steps, so if a step is listed in this guide that does not display in your PE Wizard, then the step is not applicable to your enrollment and you should continue.

Figure 5-8: PE Flowchart



Description of enrollment modules:

- **General Information** – Choose your Enrollment Type and Provider Type and add general information pertaining to your enrollment. Information added in this step includes provider information, Medicaid participation, and contact information.
- **Specialties** – Add specialties and taxonomies for the Provider Type that you selected in the General Information module.
- **Service Location** – Add the service location address and all information related to that address (phone number, hours of operation, service address information, etc.).
 - *Individual within a Group (IG)* – Most Service Location information is set by the associated Group(s) so only limited information is collected.

- **Addresses** – Add additional address types apart from the Service Location address. Examples include Pay To and Mail To addresses.
 - *IG* – Addresses module is not applicable.
 - *Ordering, Referring, Prescribing (ORP)* – Addresses module is limited to Service Location and Mail To addresses.
- **Organization** – Add organizational details such as organization type and tax classifications.
 - *IG* – Organization module is not applicable.
 - *ORP* – Organization module is not applicable.
- **Associations** – Disclose individual or group associations for your Enrollment Type. This module limits association to Providers that are already enrolled in Virginia Medicaid.
 - *Facility* – Associations module is not applicable during enrollment. It is optional to associate with ORP providers via Provider Portal after enrollment.
 - *Group* - Associate with IG Provider(s). This step is optional.
 - *Individual* – If applying as both an Individual and IG in a single application, associate with at least one Group. If applying only as an Individual, leave this module blank.
 - *IG* - Required to associate with at least one Group.
 - *ORP* – Associate with Facility. This step is optional.
 - *Atypical* – Associations module is not applicable.
- **Credentials** – Add all relevant licensure and Medicare participation information. Credentials can include License, Medicare, and Medicaid identification (ID).
 - Options vary based on Provider Type and Specialty. The module is hidden if not applicable to your enrollment application.
- **Provider Type** – Add details required for the Provider Type that you selected in the General Information module. Provider Type details can include Certified Laboratory Improvement Amendments (CLIA) and Bed Information.
 - Options vary based on Provider Type and Specialty. The module is hidden if not applicable to your enrollment application.
- **Other** – Add additional required credentials. Other credentials can include Languages, Certifications, and Additional Information.
 - Options vary based on Provider Type and Specialty. This module displays for all Enrollment Types.
- **Electronic Funds Transfer (EFT)** – Add EFT banking information to receive payments

- *IG* – EFT module is not applicable.
 - *ORP* – EFT module is not applicable.
- **Disclosures** – Complete the disclosure forms displayed, which can include Provider Self Disclosure, Sub-Contractor Disclosure, Ownership and Control Interest, Managing Employees, and Business Transaction.
- **Background Check** – High-risk Providers complete additional requirements.
 - Only displays if you are high-risk.
- **Attachments** – Add the required supporting documentation listed for your enrollment application.
- **Fees** – Answer application fee questions and pay the amount due, if applicable.
 - Only applicable to Facility providers.
 - If you have already paid the fee to Medicare or another state's Medicaid program, answer the questions in this module to exempt you from an additional fee.
 - Centers for Medicare & Medicaid Services (CMS) may agree to waive the application fee based on proof of financial hardship for a Provider.
- **Agreement/Submit** – Accept the terms and conditions contained within the **Provider Agreement** and review the information displayed. Once this is completed, obtain a verification code, and submit your enrollment.

5.3 Enrollment Types

The enrollment system offers the following enrollment types:

- Atypical Providers
- Facility/Organization
- Group
- Individual
- Individual within Group
- ORP

Not all Enrollment Types are available for all Provider Types. For example, a Pharmacy can only enroll as a Facility, while a Physician can enroll as either an Individual, an IG, or ORP.

5.3.1 Facility

Facility Providers include hospitals, home health agencies, mental health clinics, nursing facilities, laboratories, group homes, residential facilities, and so on. These Providers can only operate under a Type 2 Organization NPI.



Note: Behavioral Health & Substance Abuse (BHSA) providers enroll as Groups in the Virginia Medicaid program.

Facilities might have rendering Providers associated with it, depending on the types of services provided, as defined by the Medicaid policy. The individual practitioners are associated with the Facility Provider as rendering providers with a Type 1 Individual NPI.

This application applies to facilities that want to provide medical services and submit reimbursement claims for those services.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard requires the following modules for a Facility enrollment:

Figure 5-9: Facility Progress Bar



5.3.2 Group

A Group Provider is defined as two or more rendering Providers doing business together under a Group Provider number.



Note: Behavioral Health & Substance Abuse (BHSA) providers enroll as Groups in the Virginia Medicaid program.

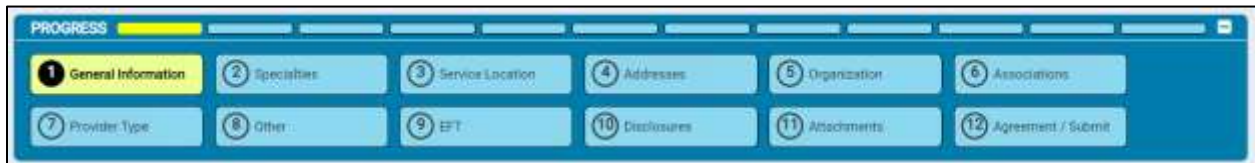
Provider Groups fall under Type 2 Organizational NPIs. This includes incorporated individual providers.



Note: In the Associations module, select the individual Providers who are already approved with the Virginia Medicaid program that will bill to you. These Providers may also associate with you during or after their enrollment. Changes made after enrollment are completed through the Provider Portal.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard requires the following modules for a Group enrollment:

Figure 5-10: Group Progress Bar



Note:



- Type 1 providers are healthcare providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.
- Type 2 providers are healthcare providers who are organizations, including physician groups, hospitals, nursing homes, and the corporations formed when individuals incorporate themselves.

5.3.3 Individual

An Individual Provider is an individual practitioner who both renders and bills services under their Social Security Number (SSN) and a Type 1 Individual NPI. Though the Provider may be registered as an individual or as a business, all payments made are reported to the Internal Revenue Service (IRS) against the individual's SSN.

An individual provider may associate with other entities as a rendering provider. An individual provider employed by an organization is re-enrolled by that organization as a rendering provider when required by Medicaid or the CMS.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard minimally requires the following modules for an Individual enrollment:

Figure 5-11: Individual Provider Progress Bar



5.3.4 Individual within a Group (IG)



Note: If you are going to apply for the Virginia Medicaid program as BOTH an Individual and an IG, select Individual as your Enrollment Type in the General Information section of the application. This will allow you to submit a combined single application for both enrollments.

You cannot change your Enrollment Type later in the application. Selecting IG will NOT allow you to also submit as an Individual on the same application.

The IG Provider is an individual practitioner who renders services and then bills under one or more groups. All payments made are reported to the IRS against the Group's Employer Identification Number (EIN).

Though additional modules may become applicable and appear as you complete your application, the PE Wizard minimally requires the following modules for an IG enrollment:

Figure 5-12: Individual within a Group Progress Bar



Note: In the Associations module, select the Group(s) that are already approved with the Virginia Medicaid program that you will bill to.

5.3.5 Atypical

An Atypical Provider may be an individual or a business that submits HIPAA transactions but does not meet the HIPAA definition of a health care provider and therefore does not receive an NPI. Atypical Providers provide non-medical services that are utilized for medical purposes.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard requires the following modules for an Atypical Enrollment:

Figure 5-13: Atypical Progress Bar



5.3.6 Ordering, Referring, Prescribing (ORP)

The Affordable Care Act (ACA) requires that physicians or other eligible Providers enroll in Medicaid to order, refer, prescribe, or attend items or services for Medicaid members, even when they do not submit claims to Medicaid.

Billing providers are required to submit the NPI of the attending, ordering, prescribing, or referring provider on certain claims to receive reimbursement for the service. This includes all prescription claims as well as claims from the following providers:

- Clinical laboratories for ordered tests
- Imaging centers for ordered imaging procedures

ORP Providers must be enrolled in Medicaid with a Type 1 Individual NPI and may enroll independently or be enrolled as part of a Group Provider that is enrolled in Medicaid.

Though additional modules may become applicable and appear as you complete your application, the PE Wizard minimally requires the following modules for an ORP enrollment:

Figure 5-14: ORP Progress Bar



Note: Enrolling as an ORP Provider does not obligate Practitioners or Providers to see Medicaid patients or to be listed as a Medicaid Provider for patient assignment or referral. Medicaid enrollment does ensure that orders, prescriptions, and referrals for Medicaid patients are accepted and processed appropriately.

6. General Information

The General Information module collects identifying information for screening and enrollment determination.

6.1 Initial Enrollment Information

The Enrollment Type and Provider Type selections made in this section primarily determine the information required throughout the application. Depending on your selections, you may receive a message indicating your provider risk-level, limited, moderate, or high, which may modify your requirements for enrollment.

1. Select your Enrollment Type and Provider Type from the drop-down lists.



Note: If you are going to apply for the Virginia Medicaid program as BOTH an Individual and an IG, select Individual as your Enrollment Type in the General Information section of the application. This will allow you to submit a combined single application for both enrollments.

2. Enter an Effective Date or click the calendar widget to select it. Refer to Figure 6-1.



Note: Requests from out-of-state providers for retroactive enrollment dates must be supported by attaching a claim in the Attachments section of this enrollment application. All requests are subject to approval.

Figure 6-1: Initial Enrollment Information



*Note: Once you click **Save and Continue** on this page, you will not be able to change your **Enrollment Type** or **Provider Type**. To change these selections, you will have to cancel the enrollment and begin a new one. For guidance in selecting the correct enrollment type, refer to Section **5.3 - Enrollment Types**.*

Note: Dental providers may select from the following Enrollment Type and Provider Type combinations.



- *040 Dental (CDT) enroll with Group, Individual, or Individual within a Group applications. These providers are FFS only.*
- *042 Dental Medical (CDT) enroll with Individual or Individual within a Group applications.*
- *041 Dental Clinic enroll only with Facility applications. These providers are FFS only.*
- *048 Dental Clinic Medical enroll only with Facility applications.*

6.2 Provider Information

All Providers enroll based upon their NPI in the National Plan & Provider Enumeration System (NPPES). A Provider must complete a distinct enrollment for each NPI applying for the Virginia Medicaid program.

The section includes up to five sections with fields customized based on your selections. Refer to Figure 6-2.

- a. Individual vs. Business
- b. Provider identifying information
- c. Medicaid enrollment information
- d. Managed Care information
- e. Council for Affordable Quality Healthcare (CAQH) information

Figure 6-2: Provider Information

Provider Information

Are you an Individual or a Business? ?
☒ Individual ☐ Business

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

Title ? * Last Name ? * First Name ? Middle Name ? Suffix ?

Gender ? What is your ethnicity? ? * Birth Date ?
 select a ▼ select a value... ▼ 📅

* NPI ? * SSN ?
 - - 🔍

Are you currently enrolled as a Provider? ?
☐ Yes ☒ No

Were you previously enrolled as a Provider? ?
☐ Yes ☒ No

Are you Medicare enrolled? ?
☐ Yes ☒ No

This provider enrollment application is for the Department of Medical Assistance Services of Virginia program(s). If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations, or to provide Dental or Non-Emergency Transportation Services, your enrollment application and supporting documentation will be forwarded to those selected organizations. Please select from program options below.

* I will accept patients in the following programs: ?
 FFS and MCO ▼

* Please select the programs to which you are applying. You must choose at least one. ?
 CCC PLUS - VIRGINIA PREMIER HEALTH PLAN INC ✕

Are you registered with CAQH? ?
☐ Yes ☒ No



Note: The combination of your Provider Type and program selection impacts which choices you can make in the **Specialties** module of your application. Returning to this module and changing your answer to the program question may trigger an error if the change is not allowed for your specialty.

1. Complete all applicable ID fields. Refer to Table 6-1: Provider Identifying Information for the field differences per section based on Enrollment Type. If the Individual vs. Business question displays, the option selected changes the fields for the provider identifying information section.

Table 6-1: Provider Identifying Information

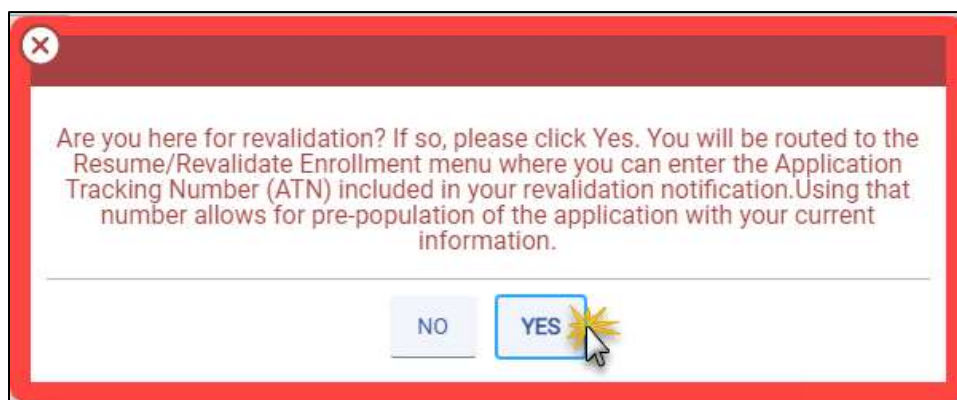
Enrollment Type	Individual vs. Business Section	Provider Identifying Information
Atypical	Individual	<ul style="list-style-type: none"> Title, Last Name, First Name, Middle Name, Suffix Gender, Ethnicity, Birth Date SSN
Atypical	Business	<ul style="list-style-type: none"> Legal Business Name, Tax Name, Doing Business As Name EIN, IRS Effective Date
Facility/Organization	Not Applicable	<ul style="list-style-type: none"> Legal Business Name, Tax Name, Doing Business As Name NPI, EIN, IRS Effective Date
Group	Not Applicable	<ul style="list-style-type: none"> Legal Business Name, Tax Name, Doing Business As Name NPI, EIN, IRS Effective Date
Individual	Individual	<ul style="list-style-type: none"> Title, Last Name, First Name, Middle Name, Suffix Gender, Ethnicity, Birth Date NPI, SSN
Individual	Business	<ul style="list-style-type: none"> Title, Last Name, First Name, Middle Name, Suffix Gender, Ethnicity, Birth Date Legal Business Name NPI, SSN EIN, IRS Effective Date
Individual Within Group (IG)	Not Applicable	<ul style="list-style-type: none"> Title, Last Name, First Name, Middle Name, Suffix Gender, Ethnicity, Birth Date NPI, SSN
ORP	Not Applicable	<ul style="list-style-type: none"> Title, Last Name, First Name, Middle Name, Suffix Gender, Ethnicity, Birth Date NPI, SSN

2. Verify that your entered information matches related records:

- **Tax Name** and tax identifier (EIN or SSN) must match the name as it appears on tax documents such as W-9s for Internal Revenue Service records for individuals.
- **Legal Business Name** must match the current name that appears on the corporation and/or other legal documents.
- **Doing Business As Name** is the more commonly used name of your business. If this name must be registered, verify that this matches legal documents.
- **NPI** must match the record for the pay-to-provider as assigned by CMS in NPPEs.
- **IRS Effective Date** must match the date that the EIN was assigned.

3. All enrollment applications include the Medicaid questions. Click the radio button for each question.
 - **Are you currently enrolled as a Provider?** only applies to revalidation.
 - If you are not revalidating, select **No** and continue as a new enrollment.
 - If you received your revalidation letters, select **Yes** then click **Yes** on the message window asking if you wish to revalidate your existing enrollment. You will be redirected to the Resume/Revalidate page. Refer to Figure 6-3 and Section 4.2 - **Start Revalidation** for completion instructions.
 - If you have NOT received your revalidation letters and are revalidating a currently enrolled location, select **Yes** then click **NO** on the message window asking if you wish to revalidate your existing enrollment. Next to the original question on the application, a **Current Identifier** field displays. Enter your existing **Service Location ID**. Note that this is an uncommon scenario and will require you to manually enter all information in the application.

Figure 6-3: Revalidation Warning



- **Were you previously enrolled as a Provider?** refers to your prior enrollment in the Virginia Medicaid program. Only select **Yes** if you were active in the Virginia Medicaid program but no longer have active contracts and wish to apply for re-enrollment.
 - If you select **Yes**, the **Previous Provider Identifier** field appears. Enter a **Service Location ID** from your previous enrollment.
 - An application will be generated based on your previous information. Once it is generated, you will receive a notification to begin re-enrollment. Instead of continuing with this application, locate the notification and follow the steps in Section 4.3 - **Resume Enrollment or Revalidation**.
- **Are you Medicare enrolled?** is used to trigger a fee waiver request for Medicaid participation as fees already paid to Medicare may be applied. Additionally, it may be used for post-enrollment activities such as processing crossover claims.

4. Select from the **I will accept patients in the following programs** drop-down to indicate if you accept patients for FFS billing, MCO billing, or both.

If you select MCO(s) only or FFS and MCO, a programs field appears to select your MCO(s). Multiple programs may be selected; however, at least one is required. Click the field and select from the drop-down list. Refer to Figure 6-4.



Note: Certain Provider Types are restricted from selecting FFS Only or MCO Only.

Figure 6-4: MCO and/or FFS Selection

This application is for enrollment into the Fee-for-Service (FFS) program only. It will not be shared with the other state Managed Care Organizations. You will need to apply directly to each MCO program once your FFS application is approved. Your answer to the question below is strictly for informational purposes. Please select the appropriate option:

I will accept patients in the following programs: ?

FFS and MCO

Please select the programs to which you are applying. You must choose at least one. ?

CCC PLUS – VIRGINIA PREMIER HEALTH PLAN INC ✕ MED 4 - VIRGINIA PREMIER HEALTH PLAN, INC. ✕ ✕

CCC Plus - UnitedHealthcare Community Plan

CCC Plus – Virginia Premier Health Plan Inc

Med 4 - Aetna Better Health

Med 4 - HealthKeepers, Inc.

Med 4 - Magellan Complete Care of VA

Med 4 - Optima Health Plan

Med 4 - Virginia Premier Health Plan, Inc.

Note: Dental providers have these program options, depending on the Provider Type. Refer to Figure 6-5.

- 040 Dental (CDT) and 041 Dental Clinic Provider Types only display the program option Dental Only (CDT) which is a FFS only program.
- 042 Dental Medical (CPT) and 048 Dental Clinic Medical display program options FFS and MCO (CPT), FFS Only (CPT), and MCO Only (CPT).



Figure 6-5: Example Dental Provider Programs

I will accept patients in the following programs: ?

select a value...

select a value...

FFS and MCO (CPT)

FFS Only (CPT)

MCO Only (CPT)

5. If submitting an Individual, IG, or ORP enrollment application, select whether you are registered with the CAQH. If you select **Yes**, the **CAQH Provider ID** field appears.

6.3 Contact Information

This section indicates your preferred communications and contact information for notifications related to enrollment as well as communications after approval. Credentials to access Provider Portal to manage your information after approval into the Virginia Medicaid program will be created at the end of this application.

1. Complete the contact fields to receive notifications related to your application.



Note: If additional information needs to be added or corrected, this contact information is used. Returned applications must be corrected and re-submitted within 30 days of notification to avoid cancellation.

2. Click **Save and Continue**. Refer to Figure 6-6.



*Note: When you click **Save and Continue**, if applying as an IG, the system verifies if your NPI and selected Provider Type are already linked to a Service Location. If there is a match, you will receive an error indicating that you are already enrolled with a Group. To confirm whether you need to complete an application, contact the PRSS Enrollment and Management Clerks.*

Figure 6-6: Contact Information

Contact Information

Title * Last Name * First Name * Middle Name * Suffix *

* Address Line 1 * Address Line 2

* City * State * Country * ZIP Code/ P...

* Phone Type * Telephone ... * Telephone Nu... * Fax Number

* Email Address * Confirm Email

* Preferred Communicati...

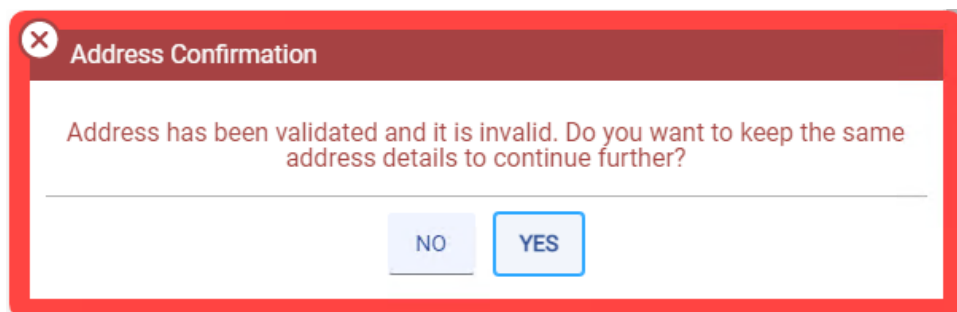
CANCEL **SAVE AND CONTINUE**

Note: Contact Information address is validated against US Postal Service records.

- *If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.*
- *If the address is not found or does not match, it can be overridden by clicking Yes in the Address Confirmation message window. Note that if you choose to continue with an invalid address, you risk not receiving mailed notifications associated with this application. Refer to Figure 8-4.*



Figure 6-7: Address Confirmation



7. Specialties

The Specialties module collects specialties and taxonomies based on the Enrollment Type and Provider Type selected in the General Information window.

7.1 Add Specialty

Since the Specialty selected impacts which Taxonomies are applicable, adding a Specialty has extra features.

1. In the **Specialties** section, click **CREATE NEW** to add a specialty. Refer to Figure 7-1. The **New Specialty** window appears.

Figure 7-1: Add Specialties

Specialties

The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type
Chiropractor

Specialty	Taxonomy	Primary	Effective Date
CREATE NEW			

2. If applicable, select the **Make Primary** check box if entering the primary specialty.



Note: Depending on your Provider Type, you may have multiple specialties with overlapping active dates, but exactly one Specialty must be designated as Primary. The Primary Specialty is used by Virginia Medicaid for outreach communications and to drive business rule integrations such as those used in claims processing.

3. Select your **Specialty** from the drop-down list.
4. Select your **Taxonomy** from the drop-down list.



Note: The Taxonomy value options correspond to the selected Specialty.

During review of your application, your Primary Specialty and Taxonomy will be screened and validated against the NPPES registry for the NPI listed in the General Information window.

5. Enter the **Effective Date**.

- Click **Save**. Refer to Figure 7-2.

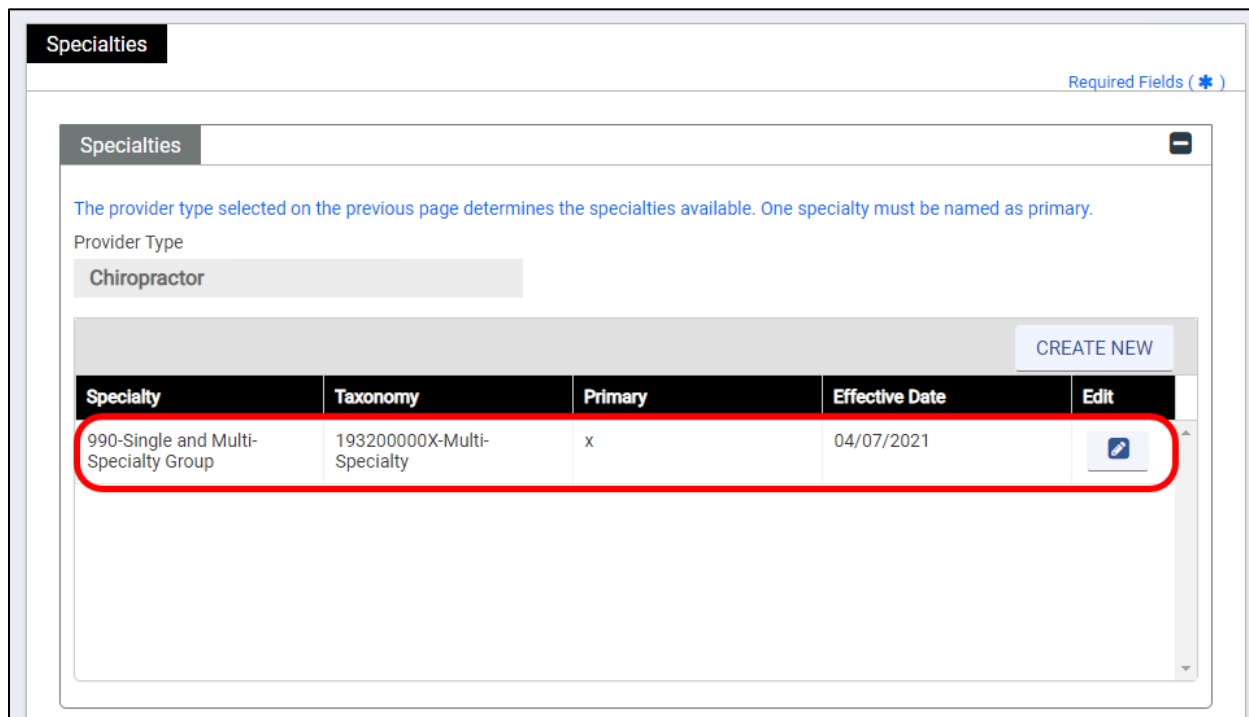
Figure 7-2: New Specialty Window



Note: If you selected FFS and MCO program options in the General Information module and select a specialty that is MCO Only, you will receive an error message.

- The new specialty appears in the table. Refer to Figure 7-3.

Figure 7-3: Added Specialty




Specialties

Required Fields (*)

The provider type selected on the previous page determines the specialties available. One specialty must be named as primary.

Provider Type
Chiropractor

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit
990-Single and Multi-Specialty Group	193200000X-Multi-Specialty	x	04/07/2021	

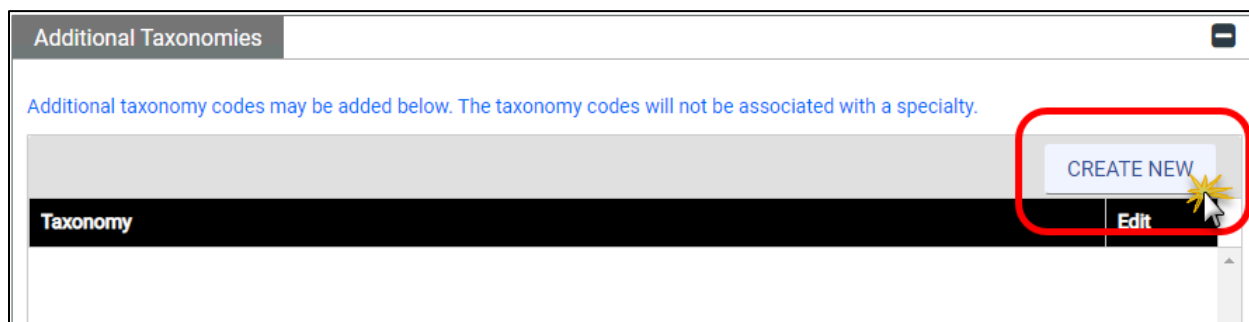
- Optional:* Add additional specialties with associated taxonomies. Repeat the steps in this section.

7.2 Add Additional Taxonomies

All taxonomies under which services are billed must be included in the application. Use the Additional Taxonomies section to add any taxonomies not reported in the Specialties table. Taxonomy values displayed are those allowed for the specialty selected, if no taxonomies display there are no additional values available for that specialty.

- In the **Additional Taxonomies** section, click **CREATE NEW**. Refer to Figure 7-4.

Figure 7-4: Add Taxonomy



Additional Taxonomies

Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
----------	------

2. Select a **Taxonomy** from the drop-down list and click **SAVE**. Refer to Figure 7-5.

Figure 7-5: New Taxonomy

The screenshot shows a 'New Taxonomy' modal window. The 'Taxonomy' dropdown is selected, showing '193400000X - Single Specialty'. The 'SAVE' button is highlighted with a red circle and a mouse cursor is clicking it.

3. The new taxonomy appears in the table.
4. Click **SAVE AND CONTINUE**. Refer to Figure 7-6.

Figure 7-6: Added Taxonomy

The screenshot shows the 'Additional Taxonomies' section. A table lists the added taxonomy: '193400000X-Single Specialty'. The 'SAVE AND CONTINUE' button at the bottom right is highlighted with a red circle and a mouse cursor is clicking it.

8. Service Location

The Service Location module captures the Service Location address(es) and all related information to that address. Providers participating in both FFS and MCO programs are eligible for more than one Service Location; however, your Provider Type and Specialty may limit you to a single Service Location.

Note: For IGs, the Service Location information is set by your Group. Answer the few questions specific to your services and click SAVE AND CONTINUE. Refer to Figure 8-1.

Figure 8-1: IG Service Location




Note: For Individuals also applying as an IG on a single application, enter your Individual Service Location here. When you associate with your Group in a later step, Group Service Locations will be associated with your application.

If you are an Individual with two or more Service Locations who also desires to apply as an IG, you will need to submit a separate, new enrollment for your IG application.

Figure 8-2: Service Location

Service Location (For Revalidations, if a Service Location is listed below, please select Edit and review all data)

Required Fields (*)

Service Location

CREATE NEW

Location Name	Address Line1	Address Line 2	City	State	Primary	Edit
First Location	123 Main St.		Richmond	Virginia	x	
Second Location	124 Main St.		Richmond	Virginia		

CANCEL PREVIOUS SAVE AND CONTINUE

To add a new Service Location, complete the following steps:

1. Click **Create New** in the **Service Location** section to open the **New Service Location** window.
2. Complete first section. Refer to Figure 8-3.
 - a. If applicable, click the **Make Primary** check box. There must be one primary service location for Atypical, Facility, Group, and Individual applications.
 - b. **Location Name** must be a unique name. It is primarily used to identify the rendering location when submitting claims.
 - c. Contact information is for communication regarding this Service Location after Virginia Medicaid enrollment approval.

Figure 8-3: Add New Service Location

New Service Location

☒ Make Primary

Please complete all the required fields under the Service Location address. This will allow you to copy the address to the other address types. Note that copied addresses cannot be edited.

* Location Name
hospital

Contact Information:

* Last Name: Trainer * First Name: Sylvester * Middle Name: * Suffix: *

* Address Line 1: 2000 E MAIN ST * Address Line 2: * City: RICHMOND

* State: Virginia * ZIP Code: 23223-7049 * Location Code: In State * County: Richmond city * Country: United States

Email: * Confirm Email: *

Note: Addresses are validated against USPS records.

- If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.
- If the address is not found or does not match, it can be overridden by clicking Yes in the Address Confirmation message window. Note that Service Locations must be physical addresses and that they will closely reviewed during enrollment screening. Refer to Figure 8-4.



Figure 8-4: Address Confirmation

Address Confirmation

Address has been validated and it is invalid. Do you want to keep the same address details to continue further?

NO YES

3. Click **Create New** in the **Phone Number** section to open the **New Phone Number** window.

4. Complete all fields and click **SAVE**. Refer to Figure 8-5. Repeat this step if more than one phone number is applicable to the Service Location.

Figure 8-5: New Phone Number

5. Click the **Hours of Operations** check box to open the table to indicate the days and times patient services are available at the Service Location. Refer to Figure 8-6.

Figure 8-6: Hours of Operation

Day	From Hour	To Hour	Edit



Note: Only certain Provider Type/Specialty combinations require Hours of Operation to be included with the enrollment applications.

6. Complete the fields then click **SAVE**. Refer to Figure 8-7. If applicable, click **CREATE NEW** again to add alternate hours.
 - a. To help you quickly complete this section, the **Day** drop-down list includes an **Everyday** option to include weekends as well as a **Monday-Friday** option to select all business days. Use these options if your hours are the same on all days.
 - b. **From Hour** includes a **24 Hours** option. If selected, the **To Hour** is no longer applicable.

Figure 8-7: New Hours of Operation

7. Complete the remaining questions and **Service Address Information** section.
 - a. Click **Yes** or **No** to indicate whether the Service Location is Americans with Disabilities Act (ADA) compliant.
 - b. Click **Yes** or **No** to indicate if the Service Location is accessible by public transportation.
 - c. In the **What are your after-hour arrangements?** field, enter your after-hour arrangements. An example is the name and contact information of the covering physician or an answering service.
 - d. If applicable, select the Accepting New Patients with Special Needs check box.
 - e. If applicable, select the **Age Restrictions** check box. If selected, additional questions appear.

- i. In the **Min Age** field, enter the minimum age (in years) for acceptable patients. If you do not have a minimum, enter 0.
 - ii. In the **Max Age** field, enter the maximum age (in years) for acceptable patients. If you do not have a maximum, enter 100.
- f. Select the appropriate option in the **Accepting New Patients** drop-down list.
- g. If applicable, select the appropriate option in the **Preferred Patient Gender** drop-down list to indicate if there are gender restrictions at the Service Location.
- 8. If you are a dental provider, answer the additional questions. Click **Yes** or **No** to indicate whether the Service Location provides dental services for children with specialized needs. Use the text box to provide additional information for a specific question.
 - a. Special health care needs.
 - b. Mobility limitations such as those who use a wheelchair.
 - c. Special needs (such as those with autism, mental or intellectual disability) who may have difficulty communicating or cooperating.
 - d. Sedation services, if needed, for complex medical or behavioral conditions.

- Click **SAVE** to add the location to the Service Location table on the main page of the PE Wizard. Refer to Figure 8-8.

Figure 8-8: Service Address Information

The screenshot displays the 'Service Address Information' form. The top section includes the following fields:

- Is the service location ADA compliant?** (Radio buttons: Yes, No)
- Is the service location accessible by public transportati...** (Radio buttons: Yes, No)
- What are your after-hour arrangements?** (Text input: Leave Voicemail)
- Phone Type** (Dropdown: 24 Hour), **Emergency Phone Numb...** (Text input: 727-555-5555), **Telephone N...** (Text input: 789)

The bottom section, titled 'Service Address Information', includes:

- ☒ **Accepting New Patients with Special Needs**
- ☒ **Age Restrictions**
- Min Age** (Text input: 12), **Max Age** (Text input: 100)
- Accepting New Patients** (Dropdown: Accepting new patients)
- Preferred Patient Gender** (Dropdown: No Restrictions)

At the bottom of the form are three buttons: **DELETE**, **CANCEL**, and **SAVE**.

- If you have more than one Service Location, repeat all steps in this section. When you are done adding Service Locations, click **SAVE AND CONTINUE**.

Note: MULTIPLE SERVICE LOCATIONS – Only certain Provider Types are allowed to add more than one Service Location on a single application. Additional Service Locations must apply to the same Provider Type, Tax ID and NPI.

If the Create New button is disabled after entering one Service Location, this means only one is allowed. Refer to Figure 8-9.



Figure 8-9: Single-Service Location Restrictions

Service Location (For Revalidations, if a Service Location is listed below, please select Edit and review all data)

Required Fields (*)

Service Location:

CREATE NEW

Location Name	Address Line1	Address Line 2	City	State	Primary	Edit
Practice Primary Service Location	789 Main St	Suite 123	Richmond	Virginia	X	

9. Addresses

The Addresses module supports multiple address types in addition to the service location address. Addresses not applicable to your enrollment may be left blank; addresses other than a Service Location may be added or edited through the Provider Portal after enrollment approval.



Note: The Service Location address entered in the Service Location module as well as other addresses entered in this window can be optionally copied to the other address types.

*If **Same As** is selected for any of the addresses, the address information auto-populates and the fields cannot be edited.*



Note: Use the expand and collapse icons on the right to view or hide the details of address types.

The **Mail To** and **Pay To** address information is required for the following enrollment types:

- Individual
- Atypical
- Group
- Facility

IG enrollments are not prompted for address information because the system defaults to information provided by the associated Group.

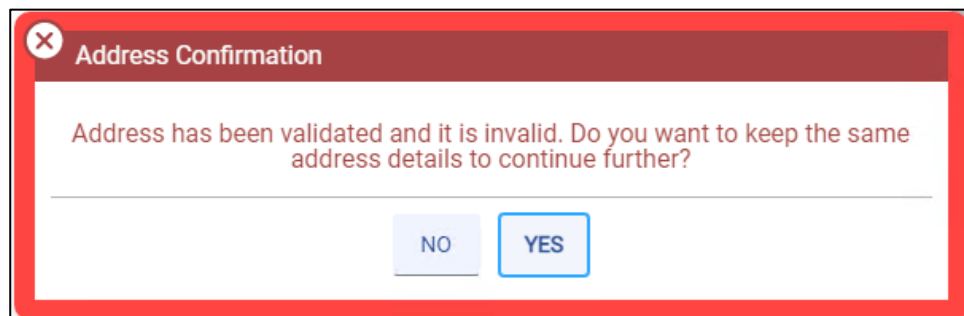
ORP enrollments request the Mail To address only, as no payments are made to ORP Providers from Medicaid.

Note: Addresses are validated against USPS records.

- *If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.*
- *If the address is not found or does not match, it can be overridden by clicking Yes in the Address Confirmation message window. Note that Service Locations must be physical addresses and that they will closely reviewed during enrollment screening. Refer to Figure 9-1.*



Figure 9-1: Address Confirmation



9.1 Pay To

1. If the **Pay To** address is the same as the **Service Location** address, select the **Same as Service Location** check box. If the check box is selected, the **Pay To** fields auto-populate with Service Location details.
2. If the **Pay To** address is different from the **Service Location** address, complete the address fields.
3. If the **Pay To** email and phone numbers are the same as the **Service Location** address, select the **Same as Service Location** check box. If the check box is selected, the **Pay To** fields auto-populate.
4. If the **Pay To** email and phone are different, complete the email and phone number fields. Refer to Figure 9-2.

Figure 9-2: Pay-To Address

Addresses

Required Fields ()

Pay To

You may enter the Pay To address information only after completing all the required fields for the Service Location address.

☒ Same as Service L

Location Name

First Location

CONTACT INFORMATION

Last Name

First Name

Middle Name

Suffix

Billing Agent Name

Trainer

Service

Address Line 1

Address Line 2

City

State

123 Main St.

Richmond

Virginia

ZIP Code/ P...

Country

23173-0000

United States

☒ Same as Service L

Email

Confirm Email

Phone Number

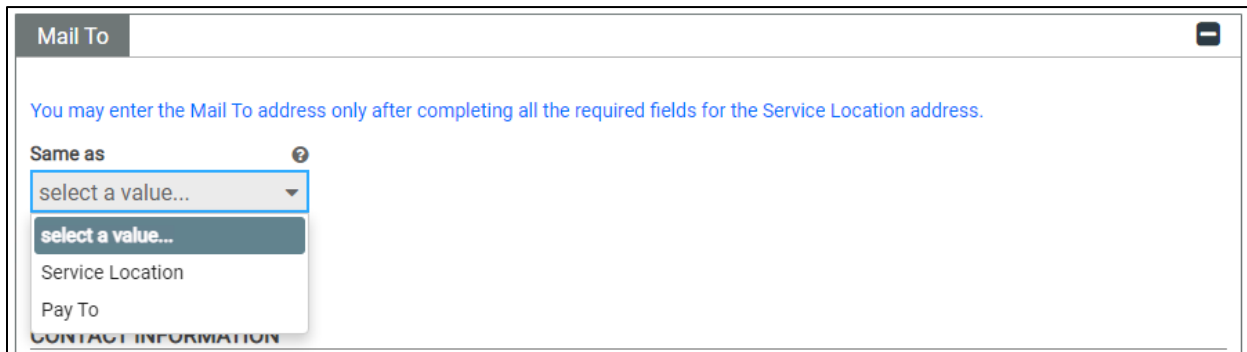
At least one Phone Number must be provided.

Phone Type	Telephone Number	Telephone Number Extension	Edit
Work	804-555-5555	111	

9.2 Mail To

1. If the **Mail To** is the same as the Pay To or **Service Location** address, select the option in the **Same as** drop-down list. The address auto-populates. Refer to Figure 9-3.

Figure 9-3: Mail-To Address Same As



The screenshot shows a web form titled "Mail To" with a close button in the top right corner. Below the title, a blue instructional message reads: "You may enter the Mail To address only after completing all the required fields for the Service Location address." Below this message is a "Same as" label with a question mark icon. A dropdown menu is open, showing "select a value..." at the top, followed by "Service Location" and "Pay To". The bottom of the form is partially visible, showing the text "CONTACT INFORMATION".

2. If the **Mail To** address is not the same as the **Pay To** or **Service Location** addresses, complete the required fields.
3. If the **Mail To** email and phone numbers are the same as the **Pay To** address or **Service Location** address, select the option in the **Same as** drop-down list. The fields auto-populate.

- If the **Mail To** email and phone numbers are different, complete the email and phone number fields. Refer to Figure 9-4.

Figure 9-4: Mail-To Address

Mail To

You may enter the Mail To address only after completing all the required fields for the Service Location address.

Same as

Service Location

Location Name

First Location

CONTACT INFORMATION

Last Name

Trainer

First Name

Service

Middle Name

Suffix

Address Line 1

123 Main St.

Address Line 2

City

Richmond

State

Virginia

ZIP Code/ P...

23173-0000

Country

United States

Same as

Service Location

Preferred Communication

☒ Email
 ☐ Phone
 ☐ Mail

Email

Confirm Email

Phone Number

At least one Phone Number must be provided.

Phone Type	Telephone Number	Telephone Number Extension	Edit
Work	804-555-5555	111	

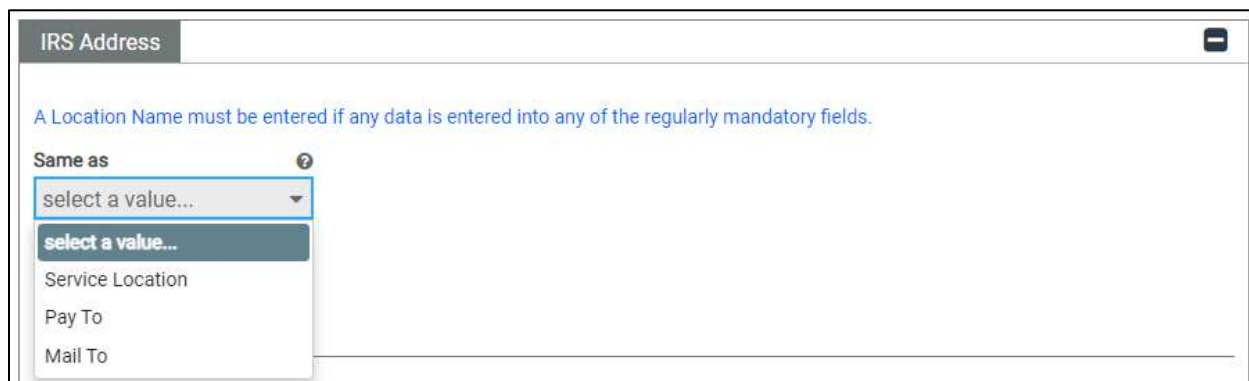


Note: The Preferred Communication in the **General Information – Contact Information** section overrides the Preferred Communication selected here.

9.3 Internal Revenue Service (IRS) Address

1. If the **IRS Address** is the same as the **Pay To, Mail To** or **Service Location** address, select the option in the **Same as** drop-down list. The address auto-populates. Refer to Figure 9-5.

Figure 9-5: IRS Address Same As



The screenshot shows a web form titled "IRS Address" with a close button in the top right corner. Below the title bar, a blue message states: "A Location Name must be entered if any data is entered into any of the regularly mandatory fields." The form contains a "Same as" label with a help icon, followed by a dropdown menu. The dropdown menu is open, showing the text "select a value..." at the top, followed by three options: "select a value..." (highlighted), "Service Location", "Pay To", and "Mail To".

2. If the **IRS Address** is not the same as the **Pay To, Mail To** or **Service Location** addresses, complete the required fields.
3. If the **IRS Address** email and phone numbers are the same as the **Pay To, Mail To** or **Service Location** address, select the option in the **Same as** drop-down list. The fields auto-populate.

- If the **IRS Address** email and phone numbers are different, complete the email and phone number fields. Refer to Figure 9-6.

Figure 9-6: IRS Address

IRS Address

A Location Name must be entered if any data is entered into any of the regularly mandatory fields.

Same as ?

Service Location

Location Name ?

First Location

CONTACT INFORMATION

Last Name ?

First Name ?

Middle Name ?

Suffix ?

Trainer

Service

Address Line 1 ?

Address Line 2 ?

123 Main St.

City ?

State ?

Country ?

ZIP Code/ Pos... ?

Richmond

Virginia

United States

23173-0000

Same as ?

Service Location

Email ?

Confirm Email ?

Phone Number

Phone Type	Telephone Number	Telephone Number Extension	Edit
Work	804-555-5555	111	

9.4 Remit To

This optional information is used to have the Explanation of Benefits (EOB) information for claims sent to an address different from the Pay To address.

1. If the **Remit To** address is the same as the **Pay To**, **Mail To**, **IRS Address** or **Service Location** address, select the option in the **Same as** drop-down list. The address auto-populates. Refer to Figure 9-7.

Figure 9-7: Remit-To Address Same As

The screenshot shows a web form titled "Remit To". At the top, a message states: "A Location Name must be entered if any data is entered into any of the regularly mandatory fields." Below this, there is a "Same as" label with a question mark icon. A dropdown menu is open, showing the following options: "select a value..." (highlighted), "select a value..." (disabled), "Service Location", "Pay To", "Mail To", and "IRS". Below the dropdown, there are input fields for "First Name", "Middle Name", and "Suffix", each with a question mark icon.

2. If the **Remit To** address is not the same as the **Pay To**, **Mail To**, **IRS Address** or **Service Location** addresses, complete the required fields.
3. If the **Remit To** address email and phone numbers are the same as the **Pay To**, **Mail To**, **IRS Address** or **Service Location** address, select the option in the **Same as** drop-down list. The fields auto-populate.
4. If the **Remit To** Address email and phone numbers are different, complete the email and phone number fields.

- Once all applicable addresses are added, click **SAVE AND CONTINUE**. Refer to Figure 9-8.

Figure 9-8: Remit-To Address

Remit To

A Location Name must be entered if any data is entered into any of the regularly mandatory fields.

Same as ?
Service Location

Location Name ?
First Location

CONTACT INFORMATION

Last Name ?

First Name ?

Middle Name ?

Suffix ?

Trainer

Service

Address Line 1 ?

Address Line 2 ?

123 Main St.

City ?

State ?

Country ?

ZIP Code/ Pos... ?

Richmond

Virginia

United States

23173-0000

Same as ?

Service Location

Email ?

Confirm Email ?

Phone Number

Phone Type	Telephone Number	Telephone Number Extension	Edit
Work	804-555-5555	111	

CANCEL

PREVIOUS

SAVE AND CONTINUE

10. Organization

If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.

If your business is operated by a management company or leased (in whole or part) by another organization, information about the management company or organization must be included in the disclosure information.



Note: Entities doing business in Virginia, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Commonwealth of Virginia State Corporation Commission (SCC). For more information on the registration process, please go to the Secretary of State website at <https://www.scc.virginia.gov/>.

To complete the **Organization** module, follow these steps:

1. From the **Organization Type** drop-down, select your appropriate organization type.
2. From the **Tax Classification** drop-down, select your appropriate tax classification.
3. If the organization is registered with the Secretary of State's office, select the **Registered with Secretary of State** check box. Enter the **Business Start Date** or use the calendar icon to select a date.
4. If the organization is incorporated, select the **Incorporated** check box and enter the **Incorporation Date**, or use the calendar icon to select a date.
5. If the organization is affiliated with a chain, select the **Chain Affiliated** check box.
6. If the organization is operated by a management company, select the **Operated by Management Company** check box.
7. If the organization is owned by a domestic corporation, select the **Domestic Owned Corporation** check box.
8. If the organization is owned by a foreign corporation, select the **Foreign Owned Corporation** check box.

- Once all details are entered, click **SAVE AND CONTINUE**. Refer to Figure 10-1.

Figure 10-1: Organizational Details

Organization

Required Fields (*)

Organizational Details

If your business is chain affiliated, the information about the company or organization must be included in the disclosure information.

If your business is operated by a management company or leased (in whole or in part) by another organization, information about the management company or organization must be included in the disclosure information.

* Organization Type

LLC

* Tax Classification

LLC

Entities doing business in the State, except for informal associations such as sole proprietorships or general partnerships, must be registered with the Commonwealth of Virginia State Corporation Commission (SCC). For more information on the registration process, please go to the Secretary of State website at <https://www.scc.virginia.gov/>

☒ Registered with Secretary Of State

Business Sta... 01/01/2012

☒ Incorporated

Incorporation... 01/01/2012

☐ Chain Affiliated

☐ Operated by Management Company

☒ Domestic Owned Corporation

☐ Foreign Owned Corporation

CANCEL

PREVIOUS

SAVE AND CONTINUE

11. Associations

The Associations module allows IG and Group enrollment types to associate for billing purposes. Additionally, ORP and Facility enrollment types are allowed but are not common for Virginia Medicaid.



Note: Associations are only permitted with enrolled, active Providers. Associations must exist before rendering Provider services can be billed to the Group.

Complete this step based on your Enrollment Type indicated in the General Information step of this application:

- *Facility* – Associations module is not applicable during enrollment. It is optional to associate with ORP providers via Provider Portal after enrollment.
- *Group* - Associate with IG Provider(s). This step is optional.
 - 040 Dental (CDT) Group providers may associate with 040 Dental (CDT) Individual and Individual within a Group providers.
- *Individual* – If applying as both an Individual and IG in a single application, associate with at least one Group Provider. If applying only as an Individual, leave this module blank.
 - If you added two or more Individual Service Locations, the Associations module does not display, and a separate, new enrollment for your IG application must be submitted.
 - If your Tax ID is already enrolled as an IG, the Associations module does not display.
 - 040 Dental (CDT) Individual providers may associate with 040 Dental (CDT) Group providers.
- *IG* - Required to associate with at least one Group.
 - 040 Dental (CDT) Individual within a Group providers may associate with 040 Dental (CDT) Group providers.
- *ORP* – Associate with Facility Provider(s). This step is optional.
- *Atypical* – Associations module is not applicable.

11.1 Group Associations

IGs search for and associate with one or more Group. ORP search for and associate with one or more Facility.

To create a new **Group Association**, complete the following steps:

1. Click **Create New**. Refer to Figure 11-1.

Figure 11-1: Create New Group Association




Note: ORP Providers do not have the Authorized Administrator (AA) column.

2. The **New Group Association** window appears.
3. *Only for IG - Optional:* Select the **Authorized Administrator** check box.



Note: An AA is a Group that manages the Service Locations associated with the IG after the IG's enrollment is approved. The AA may assign delegates to manage Service Locations assigned to the AA but does NOT directly assign delegates to the IG's account. The AA cannot change the AA.

The IG is responsible for completing the enrollment application and monitoring it until approved.

Note: You may only assign one AA. The check box displays if adding a second group, but the check box is disabled.



*If you need to change the AA, edit the currently assigned provider to deselect the check box, then edit the correct provider and select the check box. Refer to Section 5.1.3 - **View/Edit/Delete Table Information**.*

If you need to add or edit your AA after approval, you may do so through the Provider Portal.

4. To populate the provider's name and address, complete one of the following. Refer to Figure 11-2.
 - a. Enter the exact **Provider Location ID** and click **SEARCH**. The results are auto-populated. Skip to step 9.
 - b. Enter the **NPI** then click **SEARCH**.
 - i. If there is only one matching Service Location, the results populate. Skip to step 9.
 - ii. If multiple Service Locations match, search results display. Skip to step 7.
 - c. Click **SEARCH**. Continue to the next step.

Figure 11-2: Search New Group Association



Note: ORP Providers will not see the AA check box, but the search steps are still applicable.

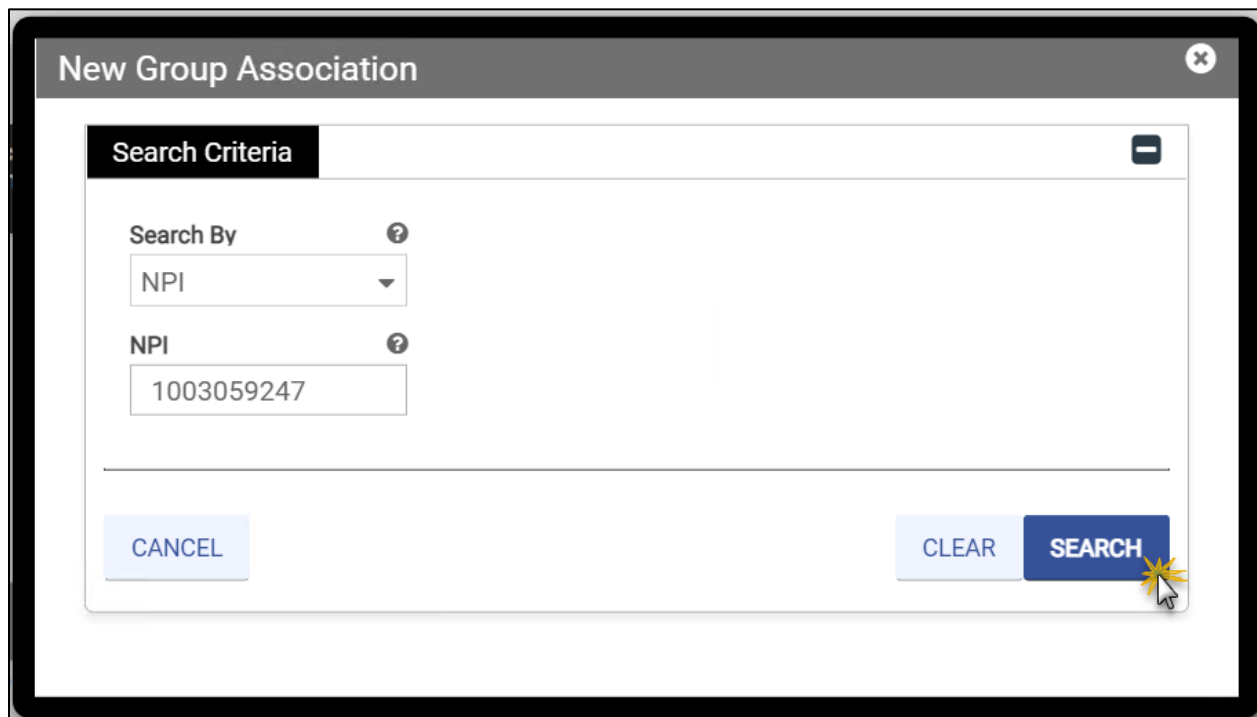


*Note: Even if you enter a Provider Location ID or NPI, you must click **SEARCH** to validate the Group. The grayed-out fields populate after completing the search.*

5. Select NPI or Service Location from the **Search By** drop-down list.

6. Enter the identifier and click **SEARCH**. Refer to Figure 11-3.

Figure 11-3: Search Criteria New Group Association



The screenshot shows a window titled "New Group Association" with a close button (X) in the top right corner. Inside the window is a tabbed interface with the "Search Criteria" tab selected. The "Search Criteria" tab has a minus icon in its top right corner. Below the tab, there are two sections. The first section is labeled "Search By" with a help icon (?) and contains a dropdown menu currently set to "NPI". The second section is labeled "NPI" with a help icon (?) and contains a text input field with the value "1003059247". At the bottom of the dialog, there are three buttons: "CANCEL", "CLEAR", and "SEARCH". A mouse cursor is pointing at the "SEARCH" button, which is highlighted with a yellow starburst effect.

7. Review the search results to verify the provider you want to associate with and click the row. Refer to Figure 11-4.
 - a. *Optional:* Use the paging navigation at the bottom of the **Search Results** to view additional results.
 - b. *Optional:* Use the filter icon in the column headers of the **Search Results** to refine your results.

Figure 11-4: Search Results New Group Association

New Group Association

Search Criteria

Search By

NPI

NPI

1003059247

CANCEL

CLEAR

SEARCH

Search Results

NPI	Provider Linc	Business Name	Address Line	City	State	ZIP Code
1003059247	30024041080001	PEACHTREE INPATIENT CONSULTING LLC	2949 FRONT ST	RICHLANDS	Virginia	246412010
1003059247	30024041080002	PEACHTREE INPATIENT CONSULTING LLC	4461 STARKEY RD STE 201	ROANOKE	Virginia	240180622

10

Items per page

1-10 of 10 Items

CANCEL

Note: Once an IG is approved for the VA Medicaid program, the welcome letter is sent to the AA. If an AA was not selected, the welcome letter is sent to the LAST Group provider entered. Therefore, if you have two associated Groups, only the second Group provider will receive the welcome letter; however, both Group providers will see the association in their Provider Portal accounts.

- The search closes, and the Group information populates in the **New Group Association** window. Enter the **Effective Date**.

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Release 20.14

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- Click **SAVE**. Refer to Figure 11-5.

Figure 11-5: New Group Association Complete

New Group Association

Required Fields (*)

☒ Authorized Admin

Provider Location ID 30024041080006 **NPI** 100305924

Business Name PEACHTREE INPATIENT CL **Location Name** PEACHTREE INPATIENT CL **Address Line1** 6801 GOVERNOR GC PEER

City RICHLANDS **State** Virginia **ZIP Code** 246412194

Effective Date 05/04/2021 **End Date** 12/31/9999

- Repeat these steps to add another Group Association or click **SAVE AND CONTINUE**.

Figure 11-6: Group Association Complete

Associations

Group Association

Provider Location ID	Business Name	Location Name	Address Line1	City	State	ZIP Code/Post Code	Authorized Administrator	Effective Date	End Date	Edit
30024041080...	PEACHTREE INPATIENT CONSULTING LLC	PEACHTREE INPATIENT CONSULTING LLC	2949 FRONT ST	RICHLANDS	Virginia	246412010		05/04/2021	12/31/9999	<input type="button" value="Edit"/>
30024041080...	PEACHTREE INPATIENT CONSULTING LLC	PEACHTREE INPATIENT CONSULTING LLC	6801 GOVERNOR GC PEERY HWY	RICHLANDS	Virginia	246412194	x	05/04/2021	12/31/9999	<input type="button" value="Edit"/>

10 Items per page 1 - 2 of 2 Items



Note: Export To Excel and Export To PDF options allow you to save the added association(s) as Excel or PDF files.

11.2 Individual Associations

Groups search for and associate with one or more IG.

To create a new Individual Association, complete the following steps:

1. Click **CREATE NEW**. Refer to Figure 11-7.

Figure 11-7: Create New Individual Association

Provider Location ID	First Name	Middle Name	Last Name	Effective Date	End Date	Edit
There are no records found.						

2. The **New Individual Association** window appears. To populate the provider's name, complete one of the following. Refer to Figure 11-8.
 - a. Enter the exact **Provider Location ID** and click **SEARCH**. The results are auto-populated. Skip to step 6.
 - b. Enter the **NPI** then click **SEARCH**. Skip to step 5.
 - c. Click **SEARCH**. Continue to the next step.

Figure 11-8: Search New Individual Association



*Note: Even if you enter a Provider Location ID or NPI, you must click **SEARCH** to validate the Group. The grayed-out fields will populate after completing the search.*

3. Select **NPI** or **Service Location** from the **Search By** drop-down list.

4. Enter the identifier and click **SEARCH**. Refer to Figure 11-9.

Figure 11-9: Search Criteria New Individual Association



The screenshot shows a web application window titled "New Individual Association". Inside the window, there is a section titled "Search Criteria" with a minus icon in the top right corner. Below this title, there are two search criteria fields: "Search By" with a dropdown menu currently showing "Service Location", and "Provider Location ID" with a text input field. Both fields have a help icon (question mark) to their right. At the bottom of the window, there are three buttons: "CANCEL" on the left, "CLEAR" in the middle, and "SEARCH" on the right. The "SEARCH" button is highlighted with a yellow mouse cursor icon.

- Review the search results to verify the provider you want to associate with and click the row. Refer to Figure 11-10.

Figure 11-10: Search Results New Individual Association

The screenshot shows a web application window titled "New Individual Association". It contains two main sections: "Search Criteria" and "Search Results".

Search Criteria: This section has a "Search By" dropdown menu set to "NPI" and an adjacent "NPI" text input field. Below these are "CANCEL", "CLEAR", and "SEARCH" buttons.

Search Results: This section displays a table with the following headers: "NPI", "Provider Location ID", "Last Name", and "First Name". A single row of data is visible, with a mouse cursor hovering over the "NPI" cell. Below the table is a pagination bar showing "10" items per page and "1 of 1 Items". A "CANCEL" button is located at the bottom right of the window.

- The search closes, and the individual provider information populates in the **New Individual Association** window. Enter the **Effective Date**.

- Click **SAVE**. Refer to Figure 11-11.

Figure 11-11: New Individual Association Complete

New Individual Association

Required Fields (★)

★ Provider Location ID NPI SEARCH

Title Last Name First Name Middle Name Suffix

MD

★ Effective Date ★ End Date

05/20/2021 12/31/9999

RESET CANCEL SAVE

- Repeat these steps to add another Individual Association or click **SAVE AND CONTINUE**.

Figure 11-12: Individual Association Complete

Associations

Individual Association CREATE NEW

Provider Location ID	First Name	Middle Name	Last Name	Effective Date	End Date	Edit
0000000000	0000000000		0000000000	05/20/2021	12/31/9999	

10 items per page 1 of 1 items

EXPORT TO EXCEL EXPORT TO PDF

CANCEL PREVIOUS SAVE AND CONTINUE



Note: Export To Excel and Export To PDF options allow you to save the added association(s) as Excel or PDF files.

12. Credentials

The Credentials module collects all relevant licensure and Medicare participation information. Please confirm all credentials are current before submitting your application, as expired credentials may cause your application to be denied. If your Provider Type and Specialty do not require any of the information from this module, the Credentials module is hidden in your application. Refer to Figure 12-1.

Figure 12-1: Sample Credentials

The screenshot shows the 'Credentials' module in the Virginia Provider Enrollment (PE) Wizard. It is divided into three main sections: 'License', 'Medicare Participation', and 'Medicaid Program'. Each section has a 'CREATE NEW' button in the top right corner. The 'License' section contains a table with the following columns: 'License or Certification Number', 'Issuing State', 'License or Certification Entity', 'Effective Date', 'End Date', and 'Edit'. The 'Medicare Participation' section contains a table with the following columns: 'Medicare Number', 'Medicare Type', 'Effective Date', 'End Date', 'Consider for Medicare Crossover', and 'Edit'. The 'Medicaid Program' section contains a question: 'Are you enrolled in other state Medicaid programs? If so, please indicate which states.' with 'Yes' and 'No' radio buttons. At the bottom of the module are three buttons: 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'.



Note: Review your pre-checklist to ensure that you have your credential information. Refer to Section 4.1 - Start New Enrollment.

1. Navigate to a credential section and click **CREATE NEW**. Possible sections include:
 - **License** – Enter licenses in good standing related to services you plan to render in Virginia.
 - Drug Enforcement Administration (DEA) – Enter DEA license information.

- **Medicare Participation** – Enter details about your Medicare participation.
 - **Medicaid Participation** – Enter details about any other state Medicaid program in which you are enrolled.
2. A window appears with the applicable fields for the credential. Complete the fields. Refer to Figure 12-2 to Figure 12-5.
 - Refer to Section 3.2 - Interactive Features for a description of field types.
 - **Effective Dates** for credentials must be in the past.
 - **End Dates** for credentials must be in the future. If an **End Date** is unknown, enter 12/31/9999.
 3. Click **SAVE** on the new credential window. The window closes, and the credential displays in the corresponding table of the **Credentials** window. Repeat these steps for additional credentials.
 4. Once all credential sections that appear in your application are complete, click **SAVE AND CONTINUE**.

Figure 12-2: New License



Note: You must have a license in good standing in the same state as the Service Location for rendering services.

To verify if your license is in good standing, use the Virginia License Verification Lookup: <https://dhp.virginiainteractive.org/Lookup/Index>.

Figure 12-3: New DEA

Figure 12-4: New Medicare Participation



*Note: If you selected **Yes** to the Medicare participation question in the **General Information** module of this application, you are required to enter information in this section.*



*Note: Select the **Consider for Medicare Crossover Claims** check box if you wish to have claims automatically sent from Medicare to Medicaid. This question is not applicable to ORP Providers.*

Figure 12-5: New Medicaid Program

Note: Click **Yes** to indicate participation in other State Medicaid programs. The program table with the **CREATE NEW** button appears once you select **Yes**. Refer to Figure 12-6.

Figure 12-6: Medicaid Program - Create New



Medicaid Program

Are you enrolled in other state Medicaid programs? If so, please indicate which states.

☒ Yes ☐ No

Program	State	Effective Date	End Date	Edit

CREATE NEW

13. Provider Type

The Provider Type module requests additional information based on your Provider Type and Specialty. If your Provider Type and Specialty do not require any of the information from this module, the Provider Type module is hidden in your application. The sections included may vary from Figure 13-1.

Figure 13-1: Sample Provider Type

The screenshot shows a web application interface for the 'Provider Type' module. It contains two main sections: 'CLIA' and 'Bed Information'. Each section has a table with the following columns: CLIA Number, CLIA Type, Effective Date, End Date, and Edit. A 'CREATE NEW' button is located in the top right corner of each table. At the bottom of the interface are three buttons: 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'.



*Note: Review your pre-checklist to ensure that you have your additional information needed for your Provider Type and Specialty. Refer to Section 4.1 - **Start New Enrollment***

1. Navigate to a detail section and click **CREATE NEW**. Possible sections include:
 - **CLIA** – If you bill for laboratory services, enter CLIA information.
 - **Bed Information** – If you are enrolling a Hospital or Custodial Care Facility, enter information about the type and number of available beds.
2. A window appears with the applicable fields for the credential. Complete the fields. Refer to Figure 13-2 and Figure 13-3.
 - Refer to Section 3.2 - **Interactive Features** for a description of field types.
 - **Effective Dates** must be in the past.
 - **End Dates** must be in the future. If an End Date is unknown, enter 12/31/9999.

3. Click **SAVE** on the edit window. The window closes and the record displays in the corresponding table of the **Provider Type** window. Repeat these steps for additional details.
4. Once all additional sections that appear in your application are complete, click **SAVE AND CONTINUE**.

Figure 13-2: New CLIA

Note: Add all current CLIA numbers assigned to your NPI.

*Depending on the combination of your Provider Type, Specialty and Tax ID, you will be required to attach a CLIA certificate in the **Attachment** module.*



- At least one CLIA number must be added here to enable CLIA certificate attachments.
- If you have more than one CLIA number, only one CLIA certificate will need to be attached.

Figure 13-3: New Bed Information



Note: Enter the maximum number of beds available, even if the number of beds that can be used at a given time is limited based on current maximum capacity restrictions.

14. Other

The Other module requests additional information based on your Enrollment Type, Provider Type, and Specialty. The sections included may vary from Figure 14-1.

Figure 14-1: Sample Other

Other

Languages

CREATE NEW

Languages Edit

Additional Information

Please enter the provider website address below. It must begin with "http:" or "https:" followed by a valid address.

Provider Website URL ?

Paper Remittance Advice

? ☐ Yes ☒ No

CANCEL PREVIOUS SAVE AND CONTINUE



Note: Review your pre-checklist to ensure that you have your additional information needed for your Provider Type and Specialty. Refer to Section **4.1 - Start New Enrollment**.

1. Navigate to a detail section and click **CREATE NEW**. Possible sections include:
 - **Languages** – Languages spoken at your Service Location(s).
 - **Certifications** – Proof of certification from an accredited organization.
 - **Medical Related Organization** – Medically related organizations that you have ownership including laboratories, home health agencies, radiology facilities or similar.
2. A window appears with the applicable fields for the details. Complete the fields. Refer to Figure 14-2 to Figure 14-6.
 - Refer to Section **3.2 - Interactive Features** for a description of field types.
 - **Effective Dates** must be in the past.
 - **End Dates** must be in the future. If an End Date is unknown, enter 12/31/9999.
3. Click **SAVE** on the edit window. The window closes and the record displays in the corresponding table of the **Other** window. Repeat these steps for additional details.
4. If these sections display, complete the fields.
 - **Additional Information** – *Optional*: Enter your website Uniform Resource Locator (URL). Refer to Figure 14-5.
 - **Electronic Claims Submission Participation** – Select the radio buttons to indicate whether you will submit claims by Electronic Data Interchange (EDI) or Direct Data Entry (DDE) and authorize sharing the claims data with Medicaid. Refer to Figure 14-6.
5. Once all additional sections that appear in your application are complete, click **SAVE AND CONTINUE**.

Figure 14-2: New Language

The screenshot shows a 'New Language' dialog box. The title bar is dark gray with a close button (X) on the right. The main area is white. In the top right corner, there is a blue link text 'Required Fields (*)'. On the left, there is a blue asterisk icon followed by the text 'Languages' and a small question mark icon. Below this is a dropdown menu with 'Spanish' selected. At the bottom right, there are two buttons: a light blue 'CANCEL' button and a dark blue 'SAVE' button.

Figure 14-3: New Certification

New Certification

Required Fields (*)

* Specialty ?
301-Critical Care Hospital

☐ Exempt from Accreditation ?

Certificate Type ? Other Certification ? Certification Number ?
Joint Commission [] 156156

Effective Date ? End Date ?
01/01/2020 12/31/2025

CANCEL SAVE



Note: If you select a Certificate Type, then you must also enter a Certification Number.

Figure 14-4: New Medical Related Organization

New Medical Related Organization

Required Fields (*)

* Legal Business Na... ?
Legal Organization

* Address Line1 ? Address Line 2 ?
123 Main St []

* City ? * State ? * Country ? * ZIP Code ?
Richmond Virginia United States 21274-0000

CANCEL SAVE

Figure 14-5: Additional Information Provider Website

Additional Information

Please enter the provider website address below. It must begin with "http:" or "https:" followed by a valid address.

Provider Website URL ?

Figure 14-6: Claims Questions

Electronic Claims Submission Participation

I will submit claim(s) through Electronic Data Interchange (EDI) or Direct Data Entry (DDE) on the Virginia Medicaid Web Portal as part of my enrollment with Virginia Medicaid and FAMIS. ⓘ

☒ Yes ☐ No

If you answered "No" above, please provide documentation supporting your exemption request. It can be uploaded on the Attachments page of this application.

Claims Signature Waiver

I certify that I have authorized submission of claims to Virginia Medicaid, which contain my typed, computer generated, or stamped signature. ⓘ

☒ Yes ☐ No

Paper Remittance Advice

Do you wish to receive printed Remittance Advice? ⓘ

☒ Yes ☐ No

A letter providing a justification is required and subject to approval.

15. Electronic Funds Transfer (EFT)

The EFT module displays for billing providers who do not have an NPI or API already associated with an existing Service Location, active or inactive.



Note: You may only have one EFT per NPI or API. If you have already used this NPI to link your EFT to a Service Location on another Virginia Medicaid enrollment application, this module is hidden and the EFT will be applied to the Service Location(s) associated with this NPI in this application.

If you are applying for revalidation or re-enrollment, the EFT module does not display.

15.1 EFT Enrollment

1. Select **Yes** or **No** to indicate your EFT participation. Refer to Figure 15-1.

Figure 15-1: EFT Enrollment

- If **Yes**, additional sections display. Continue with the instructions for the EFT module.
- If **No**, click **SAVE AND CONTINUE** and prepare to add a required EFT Waiver Attachment in the **Attachments** module of this enrollment application. While enrollment in EFT is recommended, it is not required, and you may enroll any time after your enrollment.



Note: Use the expand (+) and collapse (-) icons to navigate the sections.

15.2 Provider Information

The Provider Information section fields are grayed out because they are copied from other parts of this application. If anything in this section appears incorrect, use the Navigation Menu to return to the original section and correct the information.

1. Review the data. Refer to Figure 15-2.
- If the **Provider Name** is incorrect, return to the **General Information** module and correct it there.
 - If the **Provider Address** is incorrect, return to the **Service Location** module and correct it there. If you have more than one Service Location for this NPI, the EFT will be applied to all of them.

Figure 15-2: EFT Provider Information

The screenshot shows a web form titled "Provider Information". It contains several input fields, all of which are grayed out, indicating they are read-only. The fields are organized as follows:

- Provider Name:** A single-line text field containing "Training Hospital".
- Doing Business As Name:** A single-line text field that is empty.
- PROVIDER ADDRESS:** A section header followed by two single-line text fields:
 - Address Line 1:** Contains "789 Main St".
 - Address Line 2:** Contains "Suite 123".
- City:** A single-line text field containing "Richmond".
- State:** A single-line text field containing "Virginia".
- ZIP Code/ Postal Code:** A single-line text field containing "231730000".
- Country:** A single-line text field containing "United States".

15.3 Provider Identifier Information

Review the Provider Tax ID, NPI, License Number, and License Issuer fields. If anything in this section appears to be incorrect, use the Navigation Menu to return to the original section and correct the information.

1. Review the data.
- If the **Tax ID** or **NPI** are incorrect, return to the **General Information** module and correct it there.
 - If the **Taxonomy Code** is incorrect, return to the **Specialties** module and correct it there.
 - If the license information is incorrect, return to the **Credentials** module and correct it there.

2. Complete the remaining fields. Refer to Figure 15-3.
 - In the **Other ID** field, enter your current Medicaid Provider number or other identifier, if applicable.
 - From the **Assigning Authority** drop-down, select the appropriate assigning authority for the identifier.
 - Enter a **Trading Partner ID** assigned to the provider, billing service, or clearinghouse, if applicable.

Figure 15-3: EFT Provider Identifier Info

Tax Identification Number (TIN / EIN)		National Provider Identifier (NPI)	
12-3456789		1033214440	
Other Identifier	Assigning Authority	Trading Partner ID	License or Certification Nu...
	select a value...		1234567890
License Issuer		DHP - Virginia Department of Health Professionals	
Provider Type			
Hospital			
Provider Taxonomy Code			
251QC0650X - Critical Access Hospital			

15.4 Provider Contact Information

Complete the **Provider Contact Information** section by completing all applicable fields.

Figure 15-4: Provider Contact Information

Contact Last Name	Contact First Name	Contact Middle Name
Title		
Telephone Number	Telephone Number Extens...	Email Address
Fax Number		

15.5 Provider Agent Information

Complete the **Provider Agent Information** section by completing all applicable fields. If this section does not apply, leave it blank.

Figure 15-5: Provider Agent Information

The screenshot shows a form titled "Provider Agent Information". It contains the following fields:

- Provider Agent Name (text input)
- PROVIDER AGENT ADDRESS (section header)
- Address Line 1 (text input)
- Address Line 2 (text input)
- City (text input)
- State (dropdown menu with "select a value..." text)
- ZIP Code/ Postal Code (text input)
- Country (dropdown menu with "select a value..." text)
- PROVIDER AGENT CONTACT (section header)
- Agent Contact Last Name (text input)
- Agent Contact First Name (text input)
- Agent Contact Middle Name (text input)
- Title (text input)
- Telephone Number (text input)
- Telephone Number Extens... (text input)
- Email Address (text input)
- Fax Number (text input)

15.6 Federal Agency Information

The **Federal Agency Information** section is required for the Veterans Administration programs only and does not apply to Medicaid. Complete all fields, if applicable. If this section does not apply, leave it blank.

Figure 15-6: Federal Agency Information

The screenshot shows a form titled "Federal Agency Information". It contains the following fields:

- Federal Program Agency Name (text input)
- Federal Program Agency Identifier (text input)
- Federal Agency Location Code (text input)

15.7 Retail Pharmacy Information

The **Retail Pharmacy Information** section is required for pharmacy providers. Complete all fields, if applicable. If this section does not apply, leave it blank.

Figure 15-7: Retail Pharmacy Information

The screenshot shows a form titled "Retail Pharmacy Information". It contains the following fields:

- Pharmacy Name (text input)
- Chain Number (text input)
- Parent Organization ID (text input)
- Payment Center ID (text input)
- NCPDP Provider ID Number (text input)
- Medicaid Provider Number (text input)

15.8 Financial Institution Information

Complete the **Financial Institution Information** section. Refer to Figure 15-8 .



Note: If you have an NPI, select NPI. Only Atypical Providers who have an API should select Tax ID. The Tax ID or NPI is populated from the General Information module.

Figure 15-8: Financial Institution Information



Note: Addresses are validated against USPS records which includes identifying the five digit zip code plus the four digit extension. If the system finds a more complete address, the address option appears in a new window. Double-click the option presented to continue.

15.9 Submission

1. In the **Include with Enrollment Submission** drop-down, select **N/A** which is the only option.
2. Enter your name to submit your electronic signature and agreement to use EFT with the Virginia Medicaid program.
3. Enter the date that you wish to begin receiving payments with this method. Your application must be approved before payments may be made with this method.
4. Click **SAVE AND CONTINUE**. Refer to Figure 15-9.

Figure 15-9: Submission

The screenshot shows a web form titled "Submission". It contains several input fields and buttons. The "Reason For Submission" field is set to "New Enrollment". The "Include with Enrollment Submission" field is a drop-down menu with "select a value..." displayed. The "Authorized Signature Type" field is set to "Electronic Signature of Person Submitting Enrollment". The "Electronic Signature of Person Submitting Enrollment" field is a text input field. The "Submission Date" field is set to "05/14/2021". The "Requested EFT Start/Cha..." field is a date input field. At the bottom of the form, there are three buttons: "CANCEL", "PREVIOUS", and "SAVE AND CONTINUE".

16. Disclosures

The PE Wizard presents five disclosure forms. IG and ORP enrollments require only a Self-disclosure form. All others require providers to complete all five of the disclosure forms.

1. Click **CREATE NEW** for a Disclosure Form.



Note: The Self-Disclosure may only be completed once, so the button grays out after it is completed.

The other disclosure forms may be completed multiple times, depending on the number of applicable entries.

If the disclosure entry does not apply to you, you must still click CREATE NEW but then you can indicate that you do not have any additional information.

2. The Disclosure Form questions appear in a new window. Complete the fields then click **SAVE** at the bottom of the question window.



Note: Additional fields or tables may appear based on your responses. For example, if you select Yes for prior licensure revocation, a date field displays to indicate when it occurred.

3. The **Status** for the **Disclosure Form** changes to **Completed**. Repeat for as many disclosure forms as you have new entries for.
4. Once all **Disclosure Forms** are in **Completed Status**, click **SAVE AND CONTINUE**. Refer to Figure 16-1.



Note: You must complete all disclosures before continuing your enrollment application.



*Note: To delete a disclosure, click the name of the Disclosure Form. A window appears with the disclosure forms of that type that you have created. From the new window, follow the steps in Section 5.1.3 - **View/Edit/Delete Table Information**.*

Figure 16-1: Disclosures

Disclosures

Disclosure Details

PRIVACY ACT NOTICE STATEMENT

This statement explains the use and disclosure of information about providers and the authority and purposes for which taxpayer identification numbers, including Social Security Numbers (SSNs) and dates of birth (DOB), may be requested and used.

Any information provided in connection with provider enrollment will be used to verify eligibility to participate as a provider and for purposes of the administration of the State Medical Assistance Program. This information will also be used to ensure that no payments will be made to providers who are excluded from participation. Any information may also be provided to the U.S. DHHS Centers for Medicare and Medicaid Services, the Internal Revenue Service, State Office of the Attorney General, the Medicaid Fraud Control Unit, or other federal, state or logical agencies as appropriate.

Providing this information is mandatory to be eligible to enroll as a provider with the State Medical Assistance Program, pursuant to 42 CFR § 455 and CFR § 438. Failure to submit the requested information may result in a denial of enrollment as a provider, or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the State Medical Assistance Program.

OWNERSHIP/CONTROLLING INTEREST

Federal law requires individuals and entities with ownership, control, management or a business relationship to submit a separate disclosure form for each entity or person affiliated with the provider. For more information on federal disclosure requirements, see 42 CFR § 455.100 – 106, 42 CFR § 455.436, 42 CFR § 1002.3, and CFR § 438.602 (b)

DISCLOSURE FORMS

Answer all questions. If you do not believe that a question is applicable, select a response of "No". If you respond "Yes" to any question, please provide the additional information that may be requested.

Disclosure Form	Status	Create New
Provider Self Disclosure	Completed	CREATE NEW
Sub-Contractor Disclosure	Completed	CREATE NEW
Ownership and Control Interest	Completed	CREATE NEW
Managing Employees	Completed	CREATE NEW
Business Transaction	Completed	CREATE NEW

[CANCEL](#)
[PREVIOUS](#)
[SAVE AND CONTINUE](#)

Table 16-1 provides a description of the Virginia Medicaid Disclosure Forms.

Table 16-1: Disclosure Forms

Disclosure Form	Description
Provider Self Disclosure	Every enrolling and revalidating Provider must complete the self-disclosure form in its entirety. The Provider Name, Tax ID, and Date of Birth (DOB) (for individuals) are populated from the General Information module.
Sub-Contractor Disclosure	Sub-contractors may be screened during the eligibility review.
Ownership and Control Interest	A person with an ownership or control interest means a person or corporation that has a direct or indirect ownership interest totaling 5% or more in the provider, is an officer or director organized as a corporation or non-profit or is a partner in a provider organized as a partnership.
Managing Employees	The Managing Employee form must be completed in its entirety for every enrolling Provider, except those enrolling using the OPR enrollment type. Complete one form for each Managing Employee.
Business Transaction	Any significant business transaction the provider entity had with any wholly owned supplier or with any subcontractor during the preceding five-year period.

17. Background Check

High-risk Providers are subject to additional screening checks, including fingerprinting. The PE Wizard displays individuals with a 5% or greater ownership who may be required to submit prints.

This information is populated from the ownership disclosure forms. If it is incorrect, return to the Disclosures module to update and save the information.

1. For each person listed, indicate with the **Check if Yes** check box whether the person has fingerprints on file with Medicare or Medicaid that are less than five years old. Refer to Figure 17-1.
 - If the person does not have prints on file, leave the box unchecked so that the **Status** displays as **Completed**. During the review of the enrollment application, fingerprint notifications are generated and sent to the owner.
 - If the person does have prints on file, select the box so that the **Status** displays as **Incomplete**.

Figure 17-1: Background Check

Last Name	First Name	SSN	Birth Date	Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Five Years?	Status	Edit
Smith	John	123-45-6789	01/01/1980	<input checked="" type="checkbox"/> Check if Yes	INCOMPLETE	

2. If the check box is selected, click the Edit icon to open a window and complete additional required information. Refer to Figure 17-2.
 - a. **Yes** must be selected for fingerprint submission to Medicare, Medicaid, or both.
 - b. When **Yes** is selected, complete the submission questions.
 - c. Click **SAVE** after answering questions to close the additional questions window.
 - d. The Status changes to **Completed** on the **Background Check Details** table.

Figure 17-2: Background Check Fingerprint Submission

Step 10: Background Check - Tracking Number: 9848323932

Medicare/Medicaid Fingerprints Submission

1. Have you submitted prints to Medicare within the last five years?

☐ Yes ☒ No

2. Have you submitted prints to another state Medicaid agency within the last five years?

☐ Yes ☒ No

Submit Save

Background Check Status

The Affordable Care Act requires that providers with an enrollment of 15 or more and are considered a high category of risk, submit fingerprint and background checks. This page is being displayed based on the provider type/primary specialty you selected earlier in the enrollment process.

If you are assigned to the highest risk category, the information below identifies those individuals required to submit fingerprints. You will receive additional instructions after you submit the application.

Last Name	First Name	SSN	Birth Date	Have You Submitted Fingerprints to Medicare or Medicaid Within the Past Five Years?	Status	Sub
Smith	John	123-45-6789	10/15/1980	<input checked="" type="radio"/> Yes <input type="radio"/> No	Incomplete	

- Once existing fingerprints have been indicated and the **Status** is **Completed** for all owners, click **SAVE AND CONTINUE**.

18. Attachments

The Attachments module enables you to attach required documentation directly to your enrollment application for faster processing. The module indicates required documentation for your Virginia Medicaid enrollment request based on your Enrollment Type, Provider Type, and Primary and Secondary Specialties. You will not be able to continue your application until all required documents are loaded in this module.



*Note: Review your pre-checklist to ensure that you have your Attachments ready to load. Refer to Section 4.1 - **Start New Enrollment**.*

Commonly required attachments include W-9, proof of professional insurance, a copy of your license, proof of application fee payment (applicable only to a high-risk providers), and a copy of the CLIA certification.

If documentation is found to be incorrect or missing during the screening and review of your application, your application will be returned, and you will have 30 days to update your enrollment request. The notification will be sent per the Contact Information completed in the General Information section of this application.

If there is additional supporting information that will be helpful during the screening and review of your application, you may add optional documentation here as well. For example, if you recently changed your name, you may include a copy of official documentation for proof of the change.



Note: To avoid delays in processing, confirm that all attachments are legible and complete before loading them. Also confirm that all licenses and other credentials are current.

Under Attachments, the system displays your Provider Type and Specialty, which are pre-populated and read-only. Under Additional Information, instructional text populates based on provider type and specialty with additional documentation required. Refer to Figure 18-1.

Figure 18-1: PTSP Attachments



Note: Be sure to load attachments that specifically address your Provider Type and Specialty enrollment requirements or else your application will be returned and review of your application will be delayed.

*For example, Certification is listed as a **Required Attachment** but specifically the CMS or JC Certification is what is needed to process this application.*

The Required Attachments section (refer to Figure 18-2) displays supporting documentation required for your Provider Type and Specialty. The Attachment Type column indicates the document type expected. The Requirements Met status changes from No to Yes as the documents are attached in the Attachment Details section of this module.

Figure 18-2: Required Attachments

Required Attachments	
Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.	
Attachment Type	Requirement Met
Accreditation	NO
Certification	NO
Clinical Laboratory Improvement Amendments (CLIA) Certification	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO

1. Click **CREATE NEW**. Refer to Figure 18-3.

Figure 18-3: Create New Attachment

Attachment Details			
Transmission Method	Attachment Type	File Name	Edit
			CREATE NEW

2. Select from the drop-down lists.

3. Click **SELECT FILE**. Refer to Figure 18-4.

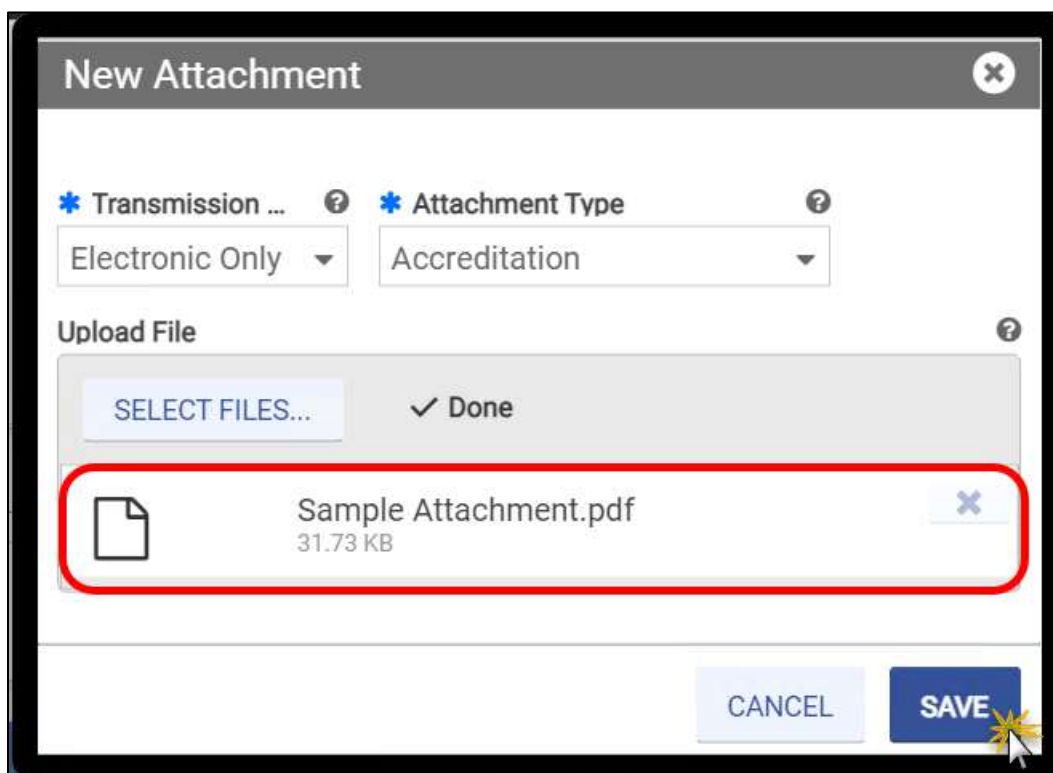
Figure 18-4: Select File Attachment

*Note: In addition to selecting the **Attachment Type** from the drop-down list, you can find your **Attachment Type** quickly by typing in the field to filter the search results. This is particularly helpful if you are trying to match to the required attachments. Refer to Figure 18-5.*

Figure 18-5: Attachment Type Search

4. Follow the prompts to select the file from your computer to upload the file. Once you upload the file, click **SAVE**. Refer to Figure 18-6.

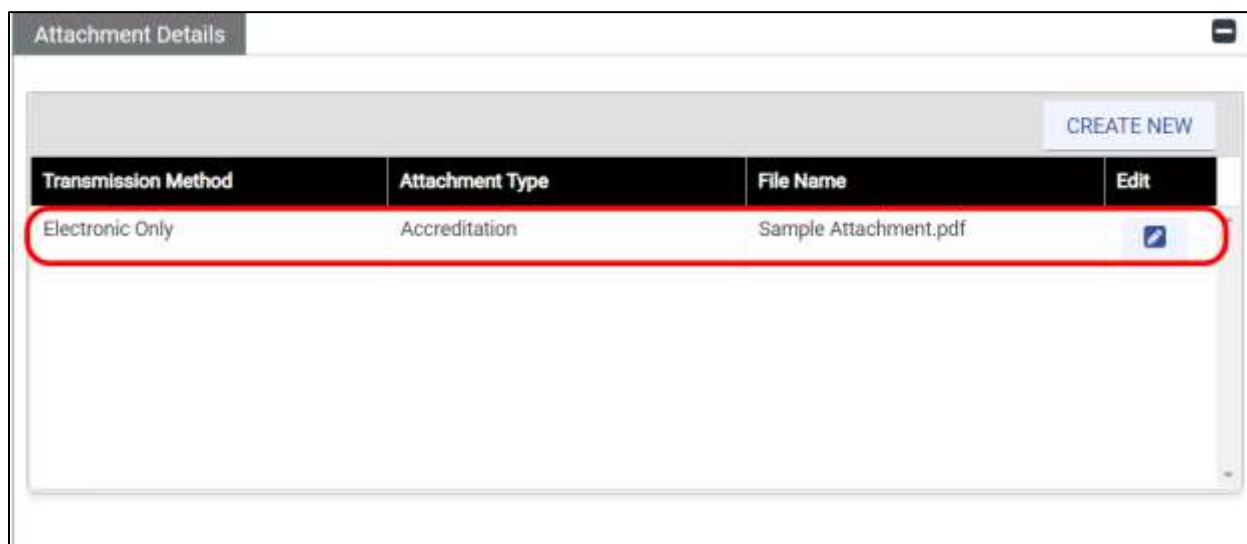
Figure 18-6: Save Attachment




Note: Accepted Attachment Types are .pdf, .jpeg, .png, .doc, and .docx.

5. The attachment displays in the list. Refer to Figure 18-7.

Figure 18-7: Added Attachment



Transmission Method	Attachment Type	File Name	Edit
Electronic Only	Accreditation	Sample Attachment.pdf	

6. If the attachment is required for your enrollment application, the corresponding **Required Attachments** record changes to **Yes** for **Requirement Met**.
7. Repeat these steps for all optional and required attachments. Refer to Figure 18-8.

Figure 18-8: Required Attachment

Required Attachments	
Below are the list of required attachments. Please submit all of the required documentation to continue with the enrollment.	
Attachment Type	Requirement Met
Accreditation	Yes



Note: You will not be able to continue to the next step of your enrollment application until all Requirement Met records are Yes.

8. Once all attachments are loaded and all requirements are marked as met, click **SAVE AND CONTINUE**.

19. Fees

The ACA requires certain providers to remit an enrollment application fee. The CMS sets the fee amount annually. This fee is assessed at initial enrollment, revalidations, re-enrollment, and change of ownership, and is assessed in full for each Service Location enrolled in Virginia Medicaid program.

Per CMS final rule 6028-F, the following providers are exempt from the application fee:

- Individual providers or non-physician practitioners
- Providers who provide proof of Medicare enrollment. A copy of the Provider's most recent Medicare EOB is acceptable proof of active enrollment.
- Providers who provide proof of application fee payment to either Medicare or another State Medicaid program. Proof of payment such as a receipt or formal notification must specifically indicate payment of the application fee.

Complete the **Application Fee Questions**. Refer to Figure 19-1.

1. If you have enrolled another Service Location in Medicare, you are prompted for the enrollment date.
2. If you have paid an application fee to another State's Medicaid program, you are prompted for the State and date of payment.
3. If you have already received a waiver for the application fee from another State's Medicaid program, indicate it here. Finish the fee questions and save the page then return to the Attachments module to load proof of the waiver if you have not already.
4. If you do not meet the exemption criteria but wish to request a waiver for the application fee based on financial hardship, indicate it here and save the page then return to the Attachments module and load a letter supporting your request, if you have not already. The final decision to waive the application fee is made by CMS.
5. Based on your selections, the **Amount Due** displays either **No Fee** or the amount due.
 - a. If payment is due, it may be submitted online or in the form of a bank certified check or money order.



Note: If an enrollment application for the Virginia Medicaid program is received and deemed to require an application fee but one is not submitted or payment is not in an acceptable format, the entire application will be returned to the Provider requesting proper payment. The Provider has 30 days to complete the payment and resubmit the application before the entire application will be denied.

- b. If No Fee displays, click **SAVE AND CONTINUE**.

6. If a payment is due, select the **Payment Mode**.
 - a. If **Online** is selected, click the **MAKE PAYMENT** button that appears.
 - b. If **Check** is selected, click **SAVE AND CONTINUE**.



Note: Online payment is preferred. If online payment is not possible, select check payment and review the instructions available for download when you submit your enrollment application.

Figure 19-1: Application Fee

Application Fee

Application Fee

The Affordable Care Act requires certain providers to remit an enrollment application fee. The Centers for Medicare & Medicaid Services(CMS) sets the fee amount annually. This fee is assessed at initial revalidations, and change of ownership, as required, and is assessed in full for each service location enrolled in State Medical Assistance Program.

Fee Update effective January 1, 2019

Per CMS final rule 6028-F, state Medicaid programs must collect an application fee for new provider applications and reactivations due to being terminated for any reason. The following providers are exempt from the application fee:

- Individual providers or non-physician practitioners.
- Providers who are enrolled with Medicare
- Providers who paid the application fee to either Medicare or another state Medicaid plan after March 25, 2011

The application fee for 2022 is \$631.00. Payment must be made in the form of a bank-certified check or money order made out to the state of State-Medicaid. If a request is returned to the applicant as incomplete after January 1, 2017 the new fee will be required.

Note: In order to waive the application fee, proof of enrollment or revalidation in Medicare or another state Medicaid plan is required and must be dated after March 25, 2011. For Medicare providers, a copy of your most recent Medicare explanation of benefits (EOB) is also acceptable proof of active enrollment. Proof of Payment is a receipt or formal notification from Medicare or the other state Medicaid plan specifically indicating payment of the application fee.

If an application is received and deemed to require an application fee and one is not attached or payment is not in an acceptable format, the entire application will be returned to the provider requesting proper payment.

Please Answer all questions. If you answer "NO" to all the questions below, then you must pay an application fee.

Application Fee Questions

Service Location - If the service location is enrolled in Medicare a fee payment is not required.

1. Is the service location enrolled in Medicare?

☐ Yes ☒ No

Medicaid Program - If the service location has paid an application fee to another Medicaid program then a fee payment is not required.

2. Have you paid an application fee to another state's Medicaid program for the service location?

☐ Yes ☒ No

Waiver Received - If you have received a waiver from the programs mentioned below a fee payment is not required.

3. Have you received a waiver of the application fee from Medicare or another state's Medicaid program because of ...

☐ Yes ☒ No

Financial Hardship - If you are requesting a waiver for financial hardship, please submit a letter explaining the financial hardship along with your enrollment application, including proof of inability to pay and a list of all attempts made to raise the required fee from outside sources, such as a loan denial.

4. Are you requesting a waiver of the application fee because of financial hardship?

☐ Yes ☒ No

Click Make Payment button to pay now with credit card or Save and Continue to send check payment. After credit card payment is complete, click Save and Continue to complete application

Amount Due

\$631.00

Payment Mode

☒ Online
 ☐ Check

MAKE PAYMENT

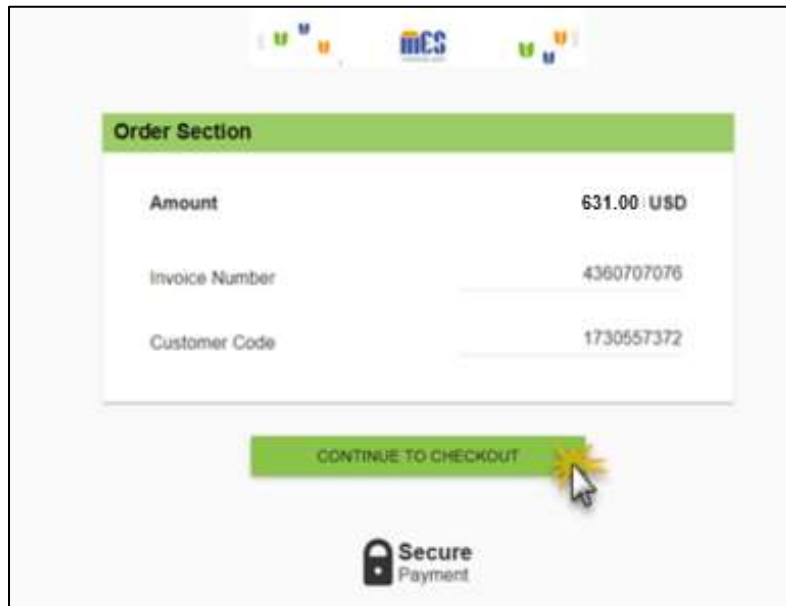
CANCEL

PREVIOUS

SAVE AND CONTINUE

7. If **Online** is selected for **Payment Mode**, the payment website opens in a new window.
 - a. Click **CONTINUE TO CHECKOUT**. Refer to Figure 19-2.

Figure 19-2: Order Section



The screenshot shows a web interface for the 'Order Section'. At the top, there are logos for 'U', 'M', 'ES', and 'U'. Below these is a green header bar with the text 'Order Section'. Underneath the header is a table with three rows: 'Amount' with the value '631.00 USD', 'Invoice Number' with the value '4360707076', and 'Customer Code' with the value '1730557372'. Below the table is a green button labeled 'CONTINUE TO CHECKOUT' with a mouse cursor clicking on it. At the bottom of the form is a 'Secure Payment' logo.

Order Section	
Amount	631.00 USD
Invoice Number	4360707076
Customer Code	1730557372

[CONTINUE TO CHECKOUT](#)

Secure Payment

- b. The **Payment** window appears. Enter payment and billing address information in the appropriate fields.

- c. Click **SUBMIT PAYMENT**. Refer to Figure 19-3.

Figure 19-3: Payment Window

← Back to Order Section

Order Section

Amount	631.00 USD
Invoice Number	5552685291
Customer Code	1033214440

Payment

PAYMENT CARD

VISA MasterCard American Express Discover

Card Number *

Expiration Date(MMYY) *

Billing Address

Company

First Name

Last name

Address1 *

Address2

City *

State/Province *

Postal Code *

Country *

Email Address *

Phone *

SUBMIT PAYMENT

- d. A confirmation page opens. Click **Return to Provider Application**. Refer to Figure 19-4.

Figure 19-4: Payment Confirmation Window

Order Section		Billing Address	
Amount	831.00 USD	Name	Trainer
Invoice Number	8861418930	Address	123 Main Street
Customer Code	1558509588	City	Richmond virginia, 23451
		Country	USA

Confirmation	
Your payment has been approved.	
Payment Type	CREDITCARD
Transaction Type	SALE
Card Type	MC
Card Number	51*****2124
Transaction ID	140920ED4-74973546-3B03-4C4B-AB06-5720D6257F86
Date / Time	09/14/2020 02:17:15 PM
Message	APPROVAL
Approve Code	CMC313
AVS Response	Z
CVV2 Response	N
ECI	3

RETURN TO PROVIDER APPLICATION

- e. A confirmation page opens. Click **Close**. Refer to Figure 19-5.

Figure 19-5: Confirmation Window

Thank you for using the Virginia Medicaid Provider Enrollment Application Payment System. You are being redirected back to the Provider Enrollment Wizard.

After returning to the Provider Enrollment Wizard, click the **Save and Continue** button to resume your enrollment application.

Close

- f. Return to the **Fees** module of the PE Wizard to complete your enrollment application and click **SAVE AND CONTINUE**.

20. Agreement/Submit

The Agreement/Submit module requires you to accept the terms and conditions contained within the Provider Agreement. Information previously entered in the application displays under the Terms of Agreement. If any information is incorrect, return to the appropriate module(s) and update the information.



*Note: IG enrollments do not include an address page, so the **Service Location** field will be blank.*

1. Click **PROCEED** to accept the terms and conditions. Refer to Figure 20-1.

Figure 20-1: Agreement Submit

Agreement/Submit

The terms of the enrollment are stated below. You must accept these terms in order to submit the enrollment application for approval. Failure to accept these terms means that no enrollment application is retained or submitted.

Access the links above to review all data that has been entered into the application. Changes can be made, except for enrollment type, by navigating back to the appropriate screen using the links in the table of contents. If the enrollment type selected is incorrect, do not submit the application. You must complete a new application for the appropriate provider type.

Once the application is confirmed and submitted, a cover sheet can be printed for submission with any hard copy materials sent to the enrollment office.

If you are interested in contracting with one of our Managed Care Organizations, please click on the appropriate link below. You will be redirected to the plan's website in another browser window. Please return to this page, complete the electronic signature process and submit your application.

CCC Plus – Virginia Premier Health Plan Inc - <https://www.virginiapremier.com>

Med 4 - Virginia Premier Health Plan, Inc. - <https://www.virginiapremier.com/>

Terms of Agreement

Legal Business Name	Contact Name	Contact Email
Training Group Chiropractor	Sample Trainer	
NPI	Tax ID Type	Tax ID Number
	EIN	
Service Location		
123 Main St. Richmond VA, 23173000		

The above provider agrees to participate in the Medicaid Program, hereinafter referred to as the Title XIX Program.

I certify, under penalty of perjury, that the information and statements on this application and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this enrollment request is sufficient cause for denial of enrollment or termination from the State Medical Assistance Program.

I understand that I should be enrolled as a provider of services under the State Medical Assistance Program, that it is my responsibility to notify the State Medical Assistance Program fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge that you understand that your electronic signature is binding to the same extent as your written signature.

PROCEED

- The Provider Agreement appears in the **Form** section. Optionally download or print the agreement. After reviewing the agreement, select the **I Accept** check box. Refer to Figure 20-2.

Figure 20-2: Provider Agreement

Form

Please read the Provider Agreement in document below

Translate 1 / 21 59%

COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Physician

VIRGINIA MEDICAID PROVIDER ENROLLMENT PACKAGE

I certify my signature and affirm under the penalties of perjury that I am an individual applying, or I am duly authorized by the individual applying to bind such person to the provider agreement, and that I have read and understood the provider agreement, provider manuals, and bulletins.

I Accept



Note: If you do not see the print or save icons. Right-click on the Provider Agreement for options.

3. The **Agreement Confirmation** window displays. Click **Yes**. Refer to Figure 20-3.

Figure 20-3: Agreement Confirmation

4. The **Portal Registration Details** section appears. Complete all the required fields. Refer to Figure 20-4.

Note: IG Providers who assigned an AA in the Associations module have the option decide whether they want their own credentials for Provider Portal. Creating your own credentials allows you and the Authorized Administrator to maintain your provider information.



Select **Yes** to create credentials for yourself. Select **No** to forego your access and instead notify your Authorized Administrator to make all changes on your behalf. Refer to Figure 20-4.

Figure 20-4: Portal Registration Details

Note: MES Credentials to access Provider Portal are created upon approval of your enrollment application. After you are approved, you will receive two welcome emails – one with your username and one with your password.



If you have multiple Service Locations, you will only receive one set of credentials and will be able to access all Service Locations for your NPI or API with the same credentials.

Email addresses may only be associated with one provider. If the email address was previously used, credentials will not be generated.

*Refer to the **Virginia Provider Portal User Guide** for additional functionality available after enrollment approval.*

5. In the **Signature** section, click the **I Accept** check box and complete the required fields. Refer to Figure 20-5.



*Note: Enter a **Verification Email ID** that you have immediate access to as you will need to retrieve an access code in the next step.*

Figure 20-5: Signature

Signature

The Provider Agreement is now fully electronic. By selecting the "I Accept" box below you acknowledge that you understand your electronic signature binding to the same extent as your written signature.

I

Accept

☒

Title

Last Name

First Name

Middle Name

Suffix

Sample

Trainer

Comments

Verification Email ID

Confirm Verification Email ID

- Click **REQUEST VERIFICATION CODE**. Refer to Figure 20-6.

Figure 20-6: Request Verification Code

Click on "Request Verification Code" button. An email will be sent to the verification email address listed above. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.

DO NOT NAVIGATE AWAY FROM PAGE

Once you receive the code in the email, please enter the verification code and click Submit.

REQUEST VERIFICATION CODE	Verification Code	<input type="text"/>	Submission Date	04/07/2021
----------------------------------	-------------------	----------------------	-----------------	------------

- The **Email Verification Code** message window appears. Click **OK**. Refer to Figure 20-7.

Figure 20-7: Email Verification Code

Click on "Request Verification Code" button. An email will be sent to the verification email address listed above. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.

DO NOT NAVIGATE AWAY FROM PAGE

Once you receive the code in the email, please enter the verification code and click Submit.

Email Verification Code

Your Verification Code has been sent to [REDACTED]. Please Check Your email and Promptly enter the verification code before you navigate away from the application.

OK

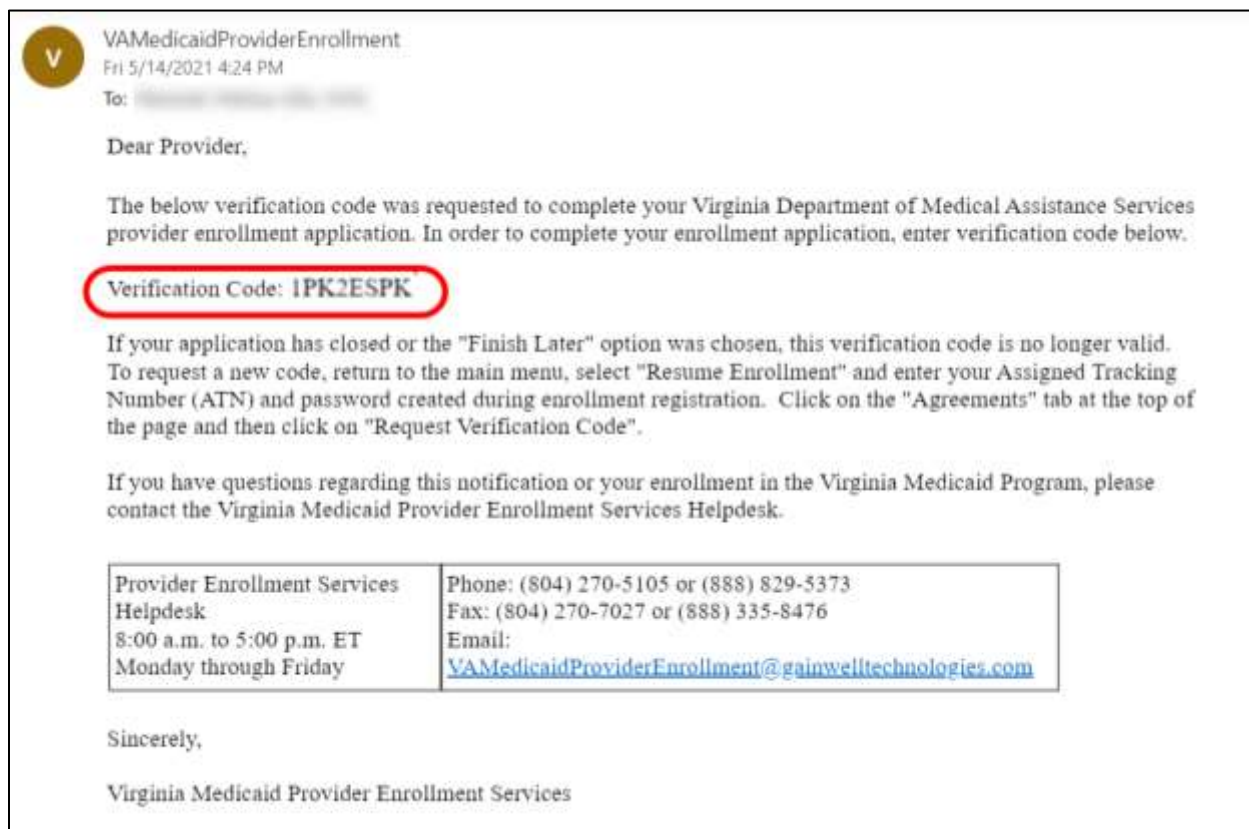
REQUEST VERIFICATION CODE

Submission Date: 04/07/2021

CANCEL PREVIOUS **FINISH LATER** **SUBMIT**

- Access the email that you entered in the **Signature** section and locate your **New Enrollment Verification Code** email. Refer to Figure 20-8.

Figure 20-8: New Enrollment Verification Code Email



- Return to the Agreement/Submit module of the PE Wizard and enter the identifier in the **Verification Code** field, then click **SUBMIT**. Refer to Figure 20-9.

Figure 20-9: Verification Code Entry

The screenshot shows the Verification Code Entry screen in the PE Wizard. It includes the following elements:

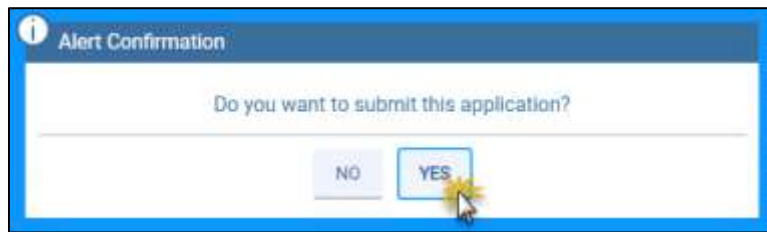
- Instructions: Click on "Request Verification Code" button. An email will be sent to the verification email address listed above. Check your email and enter the code immediately before you leave the application or Submit page. The verification code will expire when the page is closed.
- Warning: **DO NOT NAVIGATE AWAY FROM PAGE**
- Instruction: Once you receive the code in the email, please enter the verification code and click Submit.
- Buttons: REQUEST VERIFICATION CODE, CANCEL, PREVIOUS, FINISH LATER, and SUBMIT.
- Verification Code Field: A text input field labeled "Verification Code" containing the code "1PK2ESPK".
- Submission Date: 04/07/2021



*Note: When you click **SUBMIT**, the PE Wizard validates whether any information is missing or needs to be corrected and notifies you to make corrections as needed.*

10. The **Alert Confirmation** message window appears. Click **Yes** to submit your completed enrollment application for the Virginia Medicaid program. Refer to Figure 20-10.

Figure 20-10: Alert Confirmation

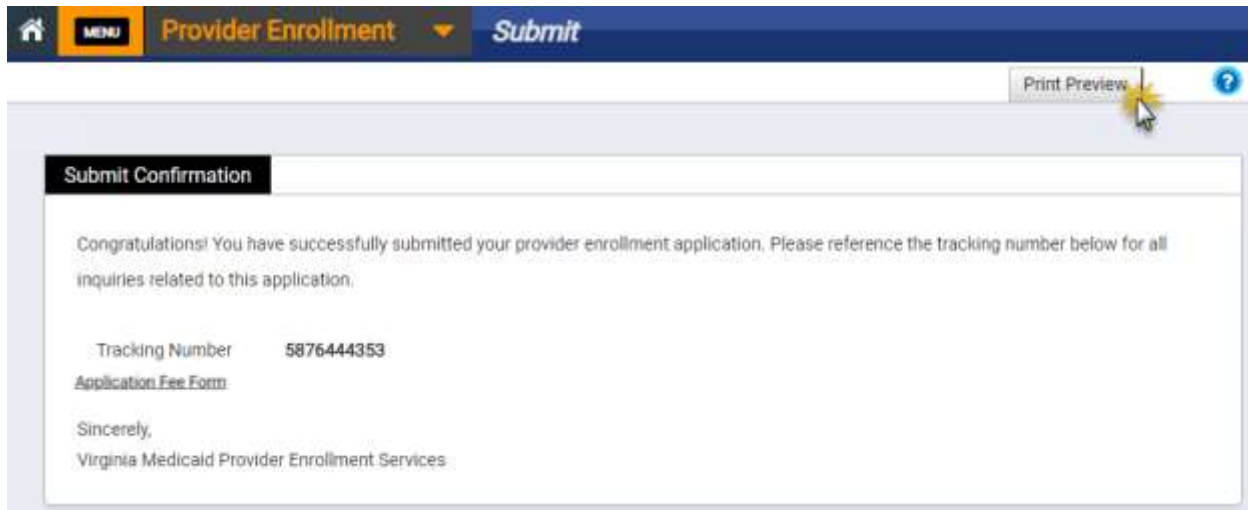


Note: After submission, applications cannot be viewed or modified unless a PRSS Enrollment and Management Clerk returns it for corrections.

21. Steps After Submission

Once you submit your application, you are redirected to the Submit page for confirmation. To generate a copy of your complete application for your records, click Print Preview. Refer to Figure 21-1.

Figure 21-1: Submit Confirmation Message




The screenshot shows the 'Submit Confirmation' page of the Virginia Provider Enrollment Wizard. The top navigation bar includes a home icon, a 'MENU' button, 'Provider Enrollment' with a dropdown arrow, and a 'Submit' button. A 'Print Preview' button with a magnifying glass icon is located in the top right corner. The main content area has a title 'Submit Confirmation' and a message: 'Congratulations! You have successfully submitted your provider enrollment application. Please reference the tracking number below for all inquiries related to this application.' Below this, the 'Tracking Number' is displayed as '5876444353'. A hyperlink for 'Application Fee Form' is provided. The message concludes with 'Sincerely, Virginia Medicaid Provider Enrollment Services'.



Note: If a fee is due with your application and you selected the check payment method, click the Application Fee Form hyperlink for additional instructions. Refer to Figure 21-2 for an example form.

Figure 21-2: Application Fee Form



COMMONWEALTH OF VIRGINIA
Department of Medical Assistance Services
Provider Enrollment Services

02/23/2022

ADAM SWEET
500 E MAIN ST
RICHMOND, VA 23219-2422

Thank you for submitting your Provider Enrollment Application. If an application fee is required to enroll, re-enroll, or revalidate a Provider Service Location ID and you have elected to submit a payment via paper check or credit card submission, then you are required to complete the payment information below:
This fee must be paid and clear financial institution prior to the processing of your enrollment application.

Application Tracking Number 2267979607

To Pay by Check:

- Make the check payable to **Department of Medical Assistance Services**.
- The amount of the payment is **\$631.00**
- Write your NPI on the Memo line and check number here: _____

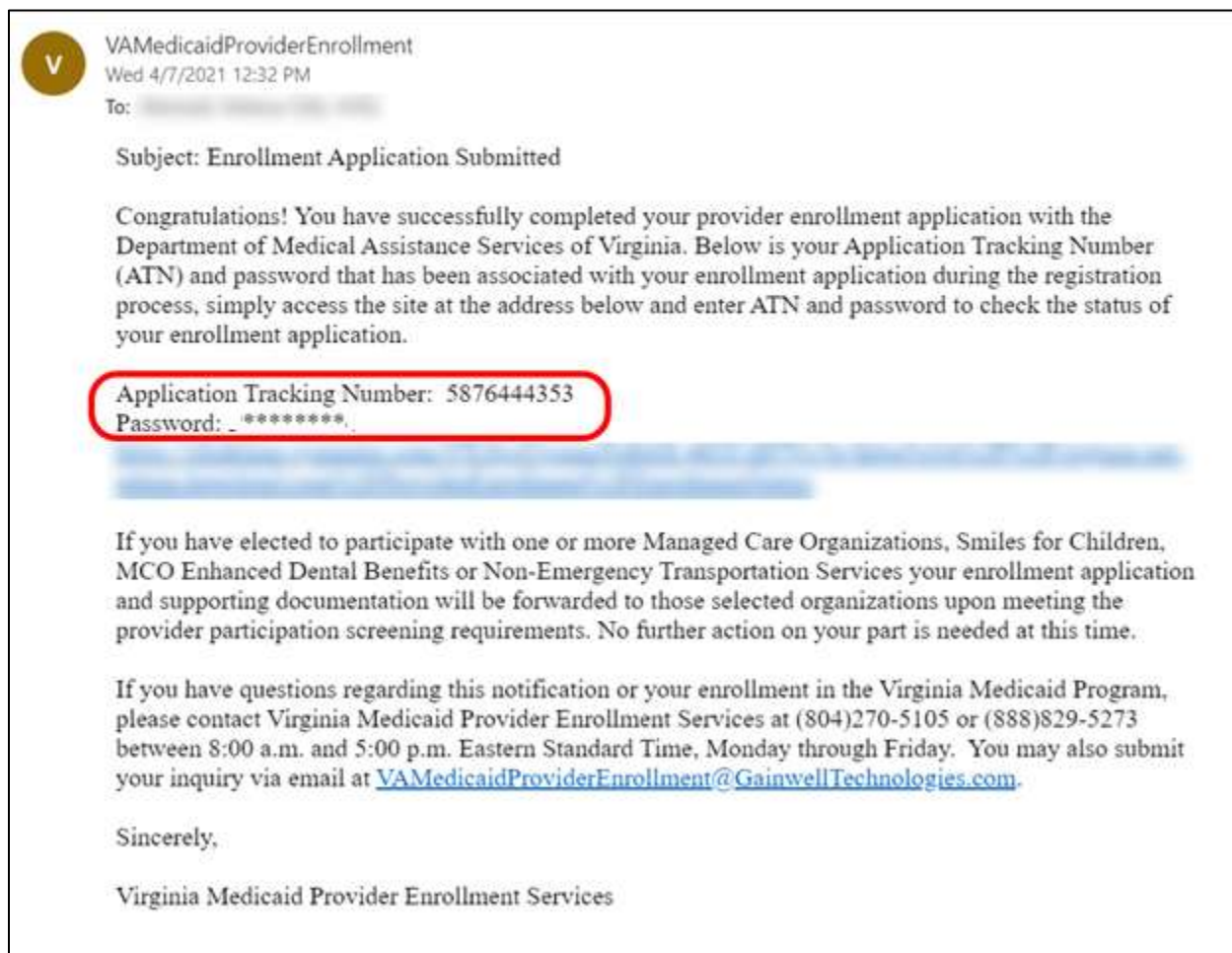
To Pay by Credit Card:

- Type of credit card: ☐ MC ☐ Visa ☐ Discover ☐ American Express
- Name on Credit Card: _____
- Credit Card Number: _____
- Credit Card Expiration Date: MM ____ YY ____ Security Code: _____
- Billing Address: _____
- Apt/Suite: _____
- City: _____ State: ____ Zip Code: _____
- Send to:

Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803

You also receive a notification with your ATN and link to view the status of your application. Refer to Figure 21-2.

Figure 21-2: New Enrollment Complete Notification



Once your application is submitted, it will be screened through a variety of services then reviewed by the PRSS Enrollment and Management Clerks who will approve, deny, or return your application for corrections.



*Note: Refer to Section 4.5 - **Check Enrollment Status** for instructions to review your enrollment application status.*

If your application is returned for corrections, you will receive a notification with changes that need to be made. This includes providing an additional attachment or editing responses. You have 30 days to make the corrections and resubmit your application: if not completed by the deadline, your application will be denied.

If your application is denied, you will receive a notification with reasons that your application was denied. You are not enrolled in the Virginia Medicaid program. If you are able to address the denial reasons, you may submit a new enrollment application.

If your application is approved, you will receive notification of your approval and ongoing provider maintenance will be conducted in Provider Portal. Refer to the Virginia Provider Portal User Guide for functionality.

- If you do not already have Provider Portal credentials for your NPI, you will receive two emails: one with your username and one with your password.
- If you already have Provider Portal credentials (i.e., you completed an application for a new Service Location) for your NPI, you will NOT receive additional credential information. Instead, the new Service Location will be matched based on your NPI and both locations will display in Provider Portal. If you need to assign delegates for the new location, complete the steps in Provider Portal as delegate access is not automatically applied.
- If you selected to apply for any MCO program(s) in the General Information section of your application, your application and participation request is submitted to the MCO(s).

22. Revalidate Enrollment

In accordance with the ACA Provider Enrollment and Screening Regulations, all Virginia Medicaid Providers are required to revalidate their enrollment information at least every 5 years. 90 days prior to a provider's service location's revalidation due date, a revalidation notification is sent via email or mail, depending on the provider's preference. Refer to Section 4.2 - **Start Revalidation**.



*Note: You can check your revalidation due date at any time from the Provider Portal. Navigate from **Maintenance** to **Revalidation**.*

Once your revalidation application is generated, changes made through Provider Portal or requested by a PRSS Clerk will NOT be reflected on your revalidation application. During revalidation, make all updates on your Provider Enrollment Wizard revalidation application.

Reminder notifications are also sent 60 days and 30 days prior to your contract expiring. Failure to complete the revalidation may result in termination from the Virginia Medicaid program.

Key Factors for a successful revalidation:

1. Begin the revalidation process upon receipt of your notification. The application must be received and approved before the revalidation due date.
2. Verify that the pre-populated information is correct.
3. Complete all required information that was not pre-populated.
4. Make sure all required attachments are current, legible, and successfully uploaded for faster processing.
5. Send the application fee immediately, if one is required.
6. Respond promptly if the application is returned for corrections.



Note: DO NOT RISK TERMINATION; revalidate as soon as possible. The timeframe in which to complete the revalidation process, including submitting any required corrections, is limited.

Like a new enrollment application, the modules displayed are determined by your Enrollment Type, Provider Type, Specialty, and responses throughout your application. Refer to Section 5.1 - Provider Enrollment Wizard Navigation for an explanation of how to navigate the system or make updates and Section 5.2 - Enrollment Process Overview to understand how the modules in your revalidation application may vary. For more information about a particular module, refer to the appropriate section of this guide.

When you begin your revalidation, a significant portion of information is pre-populated based on your current contract information.

- Certain fields are only applicable to certain revalidations; if a field does not display in your application, then it is not relevant to your revalidation.
- If a field is grayed out, then it cannot be modified as part of revalidation. Contact the PRSS Enrollment and Management Clerks if read-only information requires updating.

As you complete your revalidation, in addition to the pre-populated fields, you may notice a few differences in comparison to a new enrollment application. Refer to Table 22-1.



Note: It is your responsibility to review all information for accuracy, update information, and provide any attachments requested.

Table 22-1: Revalidation Modules

Module	Differences in Revalidation vs. New Enrollment
General Information	Fields that cannot be edited during revalidation: Enrollment Type, Provider Type, Birth Date, NPI, SSN, EIN, Legal Name, Tax Name. If these fields are inaccurate, a new enrollment (not re-enrollment) is required. MCO programs that you currently participate in are listed. You may change your MCO programs; additional MCO programs selected during revalidation will be submitted to the MCO for review.
Specialties	Selections must be allowed based on Enrollment and Provider Types.
Service Location	Details must be reviewed during revalidation. Click the Edit icon for the record. Fields that cannot be edited during revalidation: Location Code, County, and Country.
Addresses	None
Organization	None
Associations	None. IG revalidations are processed separately; if you are enrolled as both an Individual and IG, your Individual revalidation will not include an Associations module.
Credentials	If the Medicare Participation question in the General Information module was updated from Yes to No, previous Medicare Participation details will not be populated. If the License section is applicable to your revalidation, edit and select the Issuing Board.
Provider Type	None
Other	None
EFT	Not applicable to any revalidation or re-enrollment applications as EFT may be linked to multiple Service Locations.
Disclosures	If there is an existing disclosure of ownership or controlling interest on the provider file, the status is Started. To view or edit the existing information, click anywhere on the record to view the existing details and edit them, if necessary.
Background Check	Not applicable to any revalidation applications as fingerprint screening was conducted during enrollment and disclosures account for changes.
Attachments	None

Module	Differences in Revalidation vs. New Enrollment
Fees	None
Agreement/Submit	The Portal Registration section is omitted as providers revalidating already have credentials.

After submission, the PE Wizard generates a notification specific to revalidation. Refer to Figure 22-1.

Figure 22-1: Revalidation Complete Notification

Subject: Revalidation Complete Notification

Subject: Enrollment Complete Notification

Congratulations! You have successfully completed your provider enrollment application with the Department of Medical Assistance Services of Virginia. Below is your tracking number that has been associated with your enrollment application.

Tracking Number: 3560340920

Password: P*****!

If you were unable to attach required supporting documentation along with your completed enrollment application, please download the coversheet and submit it with the following, as appropriate:

- Required documentation that you indicated would be submitted by mail
- If you are required to submit an application fee, if one is owed. If check is not received within 30 days of application submission your application will be denied.
- To Pay by Check:
 - Make the check payable to Department of Medical Assistance Services.
 - The amount of the payment is \$5xx.00.
 - Write your Application Tracking Number on the Memo line of the check to ensure it will be credited to the correct enrollment application.

We cannot approve your application until all documentation and fee payment (if required) has been received.

Once your revalidation application is submitted, it will be screened through a variety of services then reviewed by the PRSS Enrollment and Management Clerks who will approve, deny, or return your application for corrections.



*Note: Refer to Section 4.5 - **Check Enrollment Status** for instructions to review your revalidation application status.*

If your revalidation is returned for corrections, you will receive a notification with changes that need to be made. This includes providing an additional attachment or editing responses. You have 30 days to make the corrections and resubmit your application: if your revalidation is not resubmitted within those 30 days, your application will be denied. You will receive a reminder after 15 days to resubmit your application.

If your revalidation is denied, you will receive a notification with reasons that your application was denied. You are not enrolled in the Virginia Medicaid program. If you are able to address the denial reasons, contact the PRSS Enrollment and Management Clerks.

If your revalidation is approved, you will receive notification of your approval and any changes will be reflected in the Provider Portal for ongoing provider. Refer to the Virginia Provider Portal User Guide for functionality. If you selected to apply for new MCO program(s) in the General Information section of your revalidation, your application is submitted to the MCO(s).



Note: For IG revalidations, your Revalidation Approved Notification is sent to your Authorized Administrator, if you assigned one.

Appendix A. Frequently Asked Questions

A-1. What Enrollment Notifications Will I Receive?

The Contact Information section of the General Information module is the primary driver for all notifications. Once that section is completed and saved, future notifications are emailed or mailed according to the preference.

Notifications prior to saving that section such as application registration are only sent via email.

Table A-1: Provider Enrollment Notifications

Notification	Generated	Sent
One-Time Password (OTP) Alert	When you click the Forgot Password link the Generate OTP.	Registration Email on Welcome page of Provider Enrollment Wizard
Provider Enrollment Password Reset	When you click Submit on the Manage Password page or when you click Save from the Reset Password window.	
Enrollment Application Registration	When you start a new enrollment application and complete the Registration section.	
Enrollment Application Expiring	Reminder is sent 15 days prior to application expiration. Enrollment expires 30 days after last update to your non-submitted application.	
Enrollment Application Expired	When your new enrollment application has expired. You will need to start a new application to continue.	
Enrollment Application Verification Code	When you click Request Verification Code in the Agreement/Submit module.	Verification Email in Agree/Submit module
Enrollment Application Submitted	When you submit your application for review and screening.	Contact Information Email (even if preferred communication is Mail)
Enrollment Application Denied	If your application is denied, this notification includes reason(s) that your application was denied for participation in the Virginia Medicaid program.	Contact Information Email or Mail, based on preferred communication
Enrollment Application Welcome Letter	If your enrollment application is approved, you will receive confirmation.	
Revalidation Due	Reminders that revalidation is due are sent 90, 60, and 30 days prior to contract expiration. This includes your Revalidation ATN.	
Revalidation Password	When your revalidation is due. This is 90 days prior to your contract's expiration.	
Revalidation Approved	If your revalidation application is approved, you will receive confirmation.	

Notification	Generated	Sent
Revalidation Denied	If your revalidation is denied, this notification includes reason(s) that your application was denied for participation in the Virginia Medicaid program.	
Return to Provider	If corrections are needed based on review of your application or revalidation, this notification includes reason(s) that the application is returned. Corrections must be made and resubmitted within 30 days. A reminder is sent 15 days prior to application cancellation.	
Fingerprint	Notifications requesting fingerprints are sent to providers and owners with at least 5% ownership who are required to submit fingerprints but do not have any on file that are less than five years old.	
Provider Portal Credentials	If your enrollment application was approved, you completed the Provider Portal Registration section, and you do not already have MES credentials, you will receive credentials to maintain your provider information.	Portal Registration Details Email in Agree/Submit module

A-2. When can I revalidate?

You will receive notification 90 days prior to your contract's expiration to revalidate your enrollment. It is suggested you submit your revalidation as soon as you receive notification to allow for processing time and time to submit any corrections, if needed, prior to your contract's expiration date.

If you miss your revalidation date, your contract will be terminated and you will need to complete re-enrollment. Re-enrollment requires additional screening and review compared to revalidation and will therefore likely take additional time to process before your contract can be reactivated.

To avoid interruptions in your contract status, be sure to complete your revalidation within the 90 days prior to your contract expiration.

Note that if your contract was terminated for cause such as a sanction, you will not have the option to revalidate.



Note: Once your revalidation application is generated, changes made through Provider Portal or requested by a PRSS Clerk will NOT be reflected on your revalidation application. During revalidation, make all updates on your Provider Enrollment Wizard revalidation application.

Appendix B. Acronyms

Acronym	Definition
AA	Authorized Administrator
ACA	Affordable Care Act
ADA	Americans with Disabilities Act
ARRA	American Recovery and Reinvestment Act
ATN	Application Tracking Number
BHSA	Behavioral Health and Substance Abuse
CAQH	Council for Affordable Quality Healthcare
CLIA	Certified Laboratory Improvement Amendments
CMS	Centers for Medicare & Medicaid Services
DDE	Direct Data Entry
DEA	Drug Enforcement Administration
DOB	Date of Birth
EDI	Electronic Data Interchange
EFT	Electronic Funds Transfer
EIN	Employer Identification Number
EOB	Explanation of Benefits
FFS	Fee-For-Service
HIPAA	Health Insurance Portability and Accountability Act
ID	Identification
IG	Individual Within a Group
IRS	Internal Revenue Service
JC	Joint Commission
MCO	Managed Care Organization
MES	Medicaid Enterprise System
NPI	National Provider Identifier
NPPES	National Plan & Provider Enumeration System
ORP	Ordering, Referring, Prescribing
OTP	One-Time Password
PDF	Portable Document Format
PE	Provider Enrollment
PM	Provider Management
POS	Prosthetics, Orthotics, and Supplies
PRSS	Provider Services Solution
SCC	Virginia State Corporation Commission
SSN	Social Security Number
UAT	User Acceptance Testing
UI	User Interface

Acronym	Definition
URL	Uniform Resource Locator
USPS	United States Postal Service